GUY'S HOSPITAL GAZETTE 1ST SERIES VOL 2 1878

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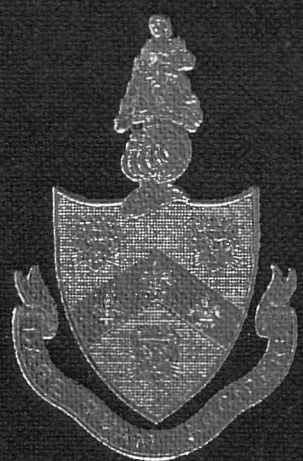
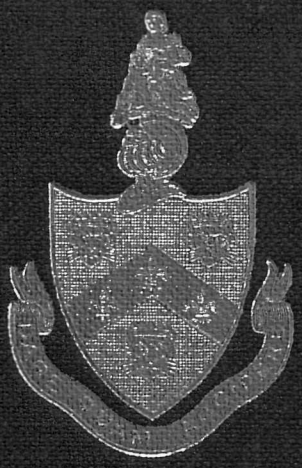


Guy's Hospital Gazette.



Guy's Hospital Gazette.

GUY'S HOSPITAL MEDICAL SCHOOL THE WILLS LIBRARY

Presented by
the Presidents of the Physical Society
March 1878

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Guy's

Hospital Gazette.

GUY'S HOSPITAL LIBRARY

VOL. II.—NO. 1. SATURDAY, MAY 3, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

As this number will have many more readers than our last, it will be as well for us to repeat some of the remarks made in our Editorial Article, regarding the new volume, in which there will be several new features.

We have made arrangements to obtain for publication all the clinical lectures both Medical and Surgical, also accounts of all operations performed on Tuesdays in the operating theatres; notes of operations performed on other days, and those performed in the wards will be obtained as far as possible. We shall also endeavour to insert, under the head of General News, short paragraphs of interesting cases so that attention may be drawn to them. The post-mortem room will be more often drawn upon to supply interesting matter for publication than has hitherto been the case. We trust by these means to supply the gap made by the absence of the reports of the Physical Society's meetings, and to supply the gap with matter which will prove as interesting, and at the same time as useful. We must again appeal to students for aid in collecting information and for reports of cases, and we would again remark that notes of cases of scarlet fever, measles, and such diseases not admitted into the hospital, will be thankfully received from old Guy's men in practice. We have no doubt but that some of the latter might supply us with reminiscences of life in general practice which would prove interesting to all our readers.

We therefore commence our new volume, looking for a hearty support from both past and present students of Guy's Hospital, and trusting that the *Gazette* may be the means of keeping up a lively interest in all that concerns Guy's Hospital, in the minds of all who have the honour of being Guy's Men.

We cannot open our new volume without heartily congratulating those students who have during the past month passed unscathed through the hands of the Examiners at the College of Surgeons. We feel sure that every Guy's man will join with us in thanking those men who have won honour to the old place, by adding their names to the lists of successful pupils. Guy's men have done well at First and Second College. The higher rate of passed men attained at the First College last month, may be said to be really due, in the first place, to the publication by the College authorities of the returns of passed and plucked men from the different Hospitals. The teaching powers of the various schools are now in a measure judged by the examinations and though this may be in a measure unfair, yet the very fact that it is so, redoubles the energies both of the teachers and pupils. A man now feels that he has more than his own interests at stake when he goes up for examination, the honour of his school is compromised by his failure, the standing of his school is raised by his success. Every man, therefore, who idles his time away when he should be working, not only injures himself but robs the institution to which he belongs.

We have not yet before us the results of the last primary examination, but at the examination held in the first week week in April, Guy's men did well. Guy's furnished the greatest number of candidates, viz., thirty-four; out of these four only were referred; while University College furnishing twenty-seven, and the London fifteen candidates, had a similar number plucked. Some Hospitals certainly passed all their men, but they furnished a smaller number for examination. We shall watch with interest the next pass list, and we trust that the results will be as favourable to Guy's.

We must not conclude this article without tendering, in the name of Guy's men, our best thanks to the Demonstrators, to whose exertions we feel sure these good results are mainly due.

LYING-IN CHARITY.

—o—

CASE OF IMPACTED SHOULDER PRESENTATION, WITH DELIVERY BY VERSION, AND SUBSEQUENT MUTILATION OF THE CHILD.

Cases of labour in which the most extreme measures at the service of the obstetrician are required, not being of great frequency in our Maternity Charity, the following instance may be worth recording. It is, therefore, given somewhat in detail, together with the reasons for the various steps taken in the process of delivery:—

At 4 a.m. on April, 1st Mr Todd, an Extern, was summoned to attend a primipara, æt. 32, who had been in labour since 11 o'clock the previous evening. On his arrival he found pains strong and the membranes still entire, and on vaginal examination felt the sharp point of one elbow presenting, and the umbilical cord prolapsed to the extent of a few inches. He immediately sent for Mr. Williams, the Junior in the Charity, and then for myself. On my arrival I found the patient in strong labour, with powerful and almost continuous pains; the bag of membranes was down at the vulva, while, during an intermission in the pains, the elbow with a coil of umbilical cord could be felt presenting through the os uteri. Before any assistance could be rendered the membranes ruptured spontaneously, and the uterus immediately contracted firmly round the child. An examination now shewed the left shoulder jammed down in the pelvis, occupying the os-uteri, while the arm and hand together with the prolapsed portion of the umbilical cord lay in the vagina; no pulsation in the funis could be detected.

Dr. Philips was at once communicated with, but being unavoidably prevented visiting the case, I proceeded to deliver in the usual manner. In the hope of getting some relaxation, of the uterine contraction, which now had become continuous, Mr. Williams administered chloroform to the fullest degree with, however, scarcely any effect upon the pains. On passing my hand into the cavity of the uterus, the exact position of the child was easily made out. The spine was anterior, the head on the right flank, while the breech lay rather prominently forwards to the left of the umbilicus; externally the abdomen of the mother had rather an obtusely conical outline, the apex of which was represented by the breech of the fœtus; while there was a marked difference in the lengths of the vertical and transverse axes of the uterus, the latter being the longer. After about twenty minutes had elapsed—time consumed in overcoming the continued uterine action,—the right knee of the child was reached, and slowly and steadily drawn downwards; the limb was then extended and the leg drawn into the vagina. The left shoulder was now found to have risen somewhat from the os, though the head, which could be felt externally, did not seem to have rotated in the slightest degree; and though the breech had descended very perceptibly, the arm and hand still protruded into the vagina. As traction on the leg combined with external manipulation in no way aided version, a noose of tape was slipped over the foot, and sufficient traction being made upon it to prevent its receding, I introduced my left hand into the vagina, and endeavoured by pressure with fingers in the child's axilla, combined with external manipulation with the right hand, to raise the arm from the pelvis; this failed altogether, and apparently from two causes:—one depending upon the extreme degree of impaction of the presenting part, the other the inelastic and flaccid condition of the child, that had been dead now some time, which interfered with its rotation on its longitudinal axis, when the leg on the opposite side of the body to the presenting part was drawn down.

Considering that embryulcia would be necessary in order to effect delivery, I consulted with a late Senior in the Charity, Mr. Kiddle, and by his advice, and with his assistance, succeeded in bringing down the left foot, but though by this means the process of version was fully accomplished, delivery seemed no nearer completion. The shoulder and arm had certainly receded, and the head could be felt externally at the fundus uteri, but traction on the legs failed to bring the breech lower than the vulva. On attempting now to pass the hand up to bring down the arms which were extended by the side of the head, there was not found sufficient room in the pelvis even to reach the axilla, so drawing down the child to the fullest extent, I perforated the thorax, and then eviscerated both it and the abdomen. The left axilla could now be touched, but from the contracted state of the pelvis, the finger could not be passed over the arm. An attempt was now made to pass the long forceps up over the child's arms as they lay by the side of the head, and by compression as much as by traction, to bring the head and arms, *en masse*, through the brim. This plan was frustrated by the bulk of the body that still occupied the outlet, so with a scalpel and scissors I severed the body transversely as far up as possible, *i.e.* on a level with the Esiform Cartilage; and then re-applied the long forceps, which, this time, grasped the arms and head in exactly the position required. Traction with all the compression of which the instrument was capable was then used, and after a short time the thorax began to appear externally; at this point, however, the forceps yielded, slipping over the shoulders, and the presenting parts receded as far as ever.

There being no more powerful compressor than the forceps in the obstetric bag, (the craniotomy forceps had been tried in turn) I again communicated with Dr. Phillips who was now able to visit the case On arriving he attempted with the hand alone to bring down an arm, but this failing, he applied the crotchet over the right shoulder and thus succeeded after a short time in delivering the right arm; continued traction now brought the left arm within reach, which still lay posteriorly, and I then delivered it in the usual way, and by dint of pulling first at one and then at the other aided by the crotchet fixed in the sternum, the shoulders were externally delivered, while the head still refusing to enter the brim separated at the root of the neck and remained behind. The long forceps were now applied to the "aftercoming head," and though presenting by the base, with the full advantage of the "wedge" action, it made no advance whatever. I now perforated the base of the skull midway between the angles of the lower jaw, and evacuated some of the brain substance, but this being insufficient I removed the forceps, and put on the cephalotribe, and, thus, by breaking up the base, the head was extracted without further difficulty.

The whole process of delivery occupied about six hours, during the greater part of which time the patient was kept under chloroform by Mr. Williams. Brandy was administered occasionally, but the pulse never once showed any exhausted or faint condition; and when all was over the patient seemed in a much better state than many women after natural labour. Pelvic contraction was no doubt the cause of the shoulder presentation at first, and gave rise to all the subsequent trouble; there were no signs of rickets in the limbs, though the base of the sacrum was remarkably prominent. Altogether the patient was a small built woman, the distance between the two anterior superior spines of the Ilia being but nine

inches. Dr. Phillips from measurement with the hand estimated roughly the conjugate diameter at the brim to be about three inches. The patient had gone her full time, and the child was rather above the average size.

The subsequent history, from notes carefully made by Mr. Todd, is a follows:—

April 1—T. 104, P. 160, no pain, has slept a little.

April 2—M. T. 104, P. 130. Has been very sick, no tenderness of abdomen, lochea much discolored. To have Mist. Efferves. every four hours. Evening T. 103, P. 130, Retching all day, great pain in abdomen. Vagina syringed out with Sol. Pot. Permang. To have Quinine Disulp. gr. v. Opii gr. 2, in forma pil, statim.

April 3—Morning T. 103·2, P. 134. Slept a short time last night, violent pain in abdomen. Severe headache. Vagina again syringed out, to the finger feels very hot. To have Quinine Disulp. gr. v. st. Noon. T. 105, P. 134. To have Pil Quinine gr. v., night and morning. Evening T. 103·2, P. 134, Feels easier. Opii. gr 2, st.

April 4th—Morning T. (in vagina) 107·2. Is much better, in less pain, lochea less discolored. Evening T. 104·2. P. 130. Headache is but slight, all tenderness passed off, To have Pil Opii. gr. 2.

April 5—Morning T. 102, P. 120, Improved in all respects Vagina again syringed out. Evening T. 101 P. 120, To have Mist. Quinine 1oz., t.d.s. Pil. Opii. gr. 1, h.s.s.

April 6—Morning T. 99, P. 120. No pain at all, feels much better, T. in vagina, normal. Evening T. 99, P. 120. Better, eats well.

April 7—Morning T. 98·2, P. 110. Milk appeared this morning, Lochea free and healthy. Evening T. 98·4, P. 89.

C. H. GOLDING BIRD.

Guy's, April 7th, 1873,

MEDICAL WARDS.

The following cases were admitted from April 23 to April 30, 1873.

JOHN (Clinical),

3—Paralysis
6—Jaundice
12—Gastric Catarrh
13—Rheumatism
16—Hematuria

PETERSHAM.

8—Gastric Ulcer
11—Jaundice
19—Albuminuria
21—Rheumatic Fever
25—Rheumatic Fever

STEPHEN.

8—Acute Tubercular Nephritis
15—Rheumatism
32—Phthisis
38—Fits
33—Pleuritic Effusion—Phthisis?
44—Epilepsy—Hemiplegia—Injury to Head

PHILIP.

3—
4—Psoriasis
17—
20—Paralysis of Right Leg
26—Rheumatic Gout
44—Rheumatism
46—Left Pleuritic Effusion

MARY.

10—Bronchitis
18—Cold
35—Presystolic Apex Bruit—Bronchitis
35—
42—

ASTLEY COOPER.

14—Chorea
21—Broncho-Pneumonia
38—Jaundice
31—Phthisis

SURGICAL WARDS.

We are indebted to Mr. H. Williams, Dresser, for the following report of

A CASE OF DISEASED TESTICLE.

J. B., æt. 24, was admitted into Lazarus Ward, on the 3rd day of March, 1873, under the care of Mr. Birkett.

Patient is a thin delicate looking man with light, curly hair. Eighteen months ago his right testicle swelled slightly, but subsided in two days, and got quite well. He could not account for this, had no urethral discharge at the time, nor any injury. Last Christmas he felt pain in right groin, and this was followed in a few days by enlargement of testicle, swelling began at upper part of gland, and as it increased he had advice; kept in bed two weeks and had lotion and medicine, pain ceased, but swelling only slightly subsided, and has since again gradually increased without any pain. No trouble with urine at time. Patient says he never had gonorrhœa nor syphilis, nor even coitus at any time. Has never been able to retract prepuce. No history of similar disease in family, no consumption, no tumour or cancer; has never been addicted to masturbation.

On admission, left testicle small, never larger, right organ is swollen 3½ by 2½ inches, ovoid, well defined below ring. Globus Major of Epididymus can be distinguished as the place were swelling first came; the definition cannot be followed down, but all parts seem enlarged; sulcus can be felt at upper part, tumour is elastic, not tender to the touch, not translucent at any part, there is nearly complete loss of testicular sensation; upper part of tumour is much harder than lower, there being indistinct fluctuation in latter situation. Prepuce is adherent by its edge to circumference of urethral orifice, this is congenital. No discharge from urethra. No glandular enlargement either in groins axillæ, or neck, no sore throat, has a papular rash, part pustular, on thighs and back, often itches.

March 3—This afternoon, Mr. Birkett thinking there was fluid in lower part of the tumour, ordered a fine trochar to be inserted, but only a drop or two of creamy fluid exuded from the canula. Ordered Tinct. Ferri. Perchlor. m. 10; ex. Mist. Quiniæ oz. 1. ter. die.

March 11—Testicle was to have been removed to-day, but yesterday he had headache, vomiting, and a good deal of pain in testicle, which is somewhat inflamed, doubtless due to the general interest taken in the case. T. 100·6, P. 110. Ordered Julip. Ammon. Acet. with Mag. Sulp. ter. die. and Goulard water to tumour.

March 18—Testicle removed to-day by the usual operation. Wound closed by the continuous suture. On median vertical section of the growth and testicle, a small part of the testicle proper is visible at the lower part: the greater part of the growth consists of a greyish fibrous stroma, with pink spots and patches scattered over it, enclosing a yellowish softer mass. Section taken from edge of growth, shows under the microscope numerous round cells rather larger than lymph corpuscles with large embryonic cells, and spindle-shaped cells.

March 19—T. 103, P. 130. Suffering from chloroform. Dresser removed suture this morning, as wound was red and angry and showed no disposition to primary union anywhere. Dressed lightly with wet lint and suspended

March 25—T. 100, P. 102. Wound emits a copious healthy purulent discharge. Some inflammatory blush. Hardness, and tenderness, in course of cord. Ligature came away to-day. Hot fomentations to groin. Complains to-day of sharp catching pain about one inch to the inside of, and level with, nipple. House Surgeon said he heard a loud rub over seat of pain, but it very quickly disapeared. His respiration is feeble on both sides, but there is no dulness nor increased vocal resonance anywhere.

April 2 – Swelling in groin is tender and red, and seems to be softening, although it discharges freely through scrotal wound. Appetite good, bowels open. T. 98.

April 7– Anterior wall of abscess in groin is very thin, and though sac can be quite emptied through old wound by pressure, yet it quickly refils,so the dresser to-day incised it, letting out some sanious pus.

April 9—Incision has relieved pain, and the inflammatory thickening round has much decreased. Patient complains to-day for the first time of pain, deep in the abdomen, about two inches to the right of, and level with, umbilicus. Very deep palpation at this spot reveals a hard nodule, as big as nut, which is very tender. Has pain in right lumbar region on movement.

April 17—Rapid enlargement of the swelling in abdomen has taken place. Tinct. Iodinii Co. to back, over seat of pain, has much relieved him. Abscess in groin and original wound of scrotum all but healed; Pulse and Temperature keep normal. Bowels are open daily.

April 22—Both wounds healed. Complains of difficulty in breathing with right side of chest. No dulness anywhere over lungs, but respiration on right side is less distinct than on left, as though less air entered the right lung. Liver dulness does not extend below ribs. Patient looks pale and very anxious, and does not at all recover his strength, as one would expect him to do without any complications.

CLINICAL REMARKS BY THE DRESSER.

The great clinical value of this case, and the many practical lessons to be learnt from it, must be my sole apology if apology be needed, for making the following clinical remarks.

The diagnosis of scrotal tumours is some times very easy, and at other times very difficult; in fact, some surgeons say there are cases in which it is impossible to make a certain diagnosis. The case I have reported belongs to neither of these classes, and is perhaps on this account the more instructive, as by careful examination of the tumour, and a recital of its mode of growth, the right diagnosis was arrived at by the majority of those who attempted one. My opinion of the nature of the case was formed in great measure from its similarity, in almost every feature, to that of a man about the same age, who was in the next bed to that occupied by the present patient, at the end of 1871, under Mr. Durham, at the time I was his dresser, and I am afraid the likeness will be preserved to the end.

And now as to the nature of this tumour. What is it? I think the diagnosis must be arrived at by the process of exclusion. What might it be? We will not discuss the probability of its being a hydrocele or hœmatocele, as these two affections are not enlargements of the testicle, as is the case with this swelling. The enlargement of the organ might be either the result of inflammation, whether simple, tuberculous or syphlitic, or a new growth altogether, innocent or malignant. We will take the first; the early history and the site of its onset (the epididymus), a sharp two days attack, with complete recovery for more than a year. then another which began more slowly but still somewhat severely, and the fact that evaporating lotion and rest relieved him, point to simple inflammation, but on enquiring for a cause none can be assigned; no gonorrhœa, no blow received, no non-specific inflammation of urethra such as that set up by the passage of a catheter in an irritable subject, or by too frequent sexual indulgence, or constant masturbation. Nearly all chronic inflammatory enlargements are double, and accompanied by hydrocele, this was single and without hydrocele. Would the irritation of the congenital adherent prepuces cause it? I think not, or it would have done so earlier in life. The diagnosis of tuberculous inflammation would be made from the history, signs, and appearances, other than those presented by the tumour, such as the family or personal history or presence of phthisis, or glandular swellings and abscesses. Mr. Bryant says that the testicular sensation on pressure is not absent in tubercular disease, whereas it was completely lost in this case. There was nothing to warrant the suspicion that it might be syphilitic deposit,

Having excluded the three inflammatory affections, we reluctantly come to the conclusion that it must be a new-growth; and new-growths in the testicle at the age of twenty one are nearly always malignant. Fibro-cystic disease is the innocent new-growth, but this form is very rare, and much slower in its development than this has been.

We have thus made the diagnosis that the growth is cancerous in its nature, and probably of the common form affecting the testicle—medullary. This diagnosis was somewhat confirmed by the creamy look of the fluid which issued from the cannula on tapping, which looked purulent but did not contain any pus cells. If the growth had been fibro-cystic a mucoid fluid would have flowed away.

Some doubt was thrown on the malignancy of the tumour after its removal, by one of our surgeons saying it was tuberculous, but Mr. Birkett declared it to be cancerous, an opinion which has been confirmed by the microscope, and by the still surer sign of the rapid infiltration of the lumbar glands.

So much for the diagnosis, the importance of which can scarcely be exaggerated, for upon it depends the treatment of the case. There cannot be worse surgery than the

removal of a tuberculous testicle, for Cod Liver Oil and sea air will bring about the absorption of the foreign material, and the patient will recover with a sound organ. Removal by the knife is ths only treatment for new-growths, and the sooner it is done the better. The case I have reported was a favourable one in every way for operation; patient in good health, and spirits, no glandular enlargement, tumour well defined, no spreading up the cord, skin freely movable over mass; yet twenty-two days after operation, and contemporary with the healing of the scrotal incision, he gets secondary disease of the lumbar glands, which is rapidly increasing, and I think spreading up to his thoracic glands, as he is complaining of a cough and pain on right side of chest; of course the prognosis is as bad as it can be. Perhaps some one reading this will say, how do you know that the lumbar enlargement is cancerous, may it not be simple inflammatory increase preceeding suppuration, the inguinal glands suppurated from wounds of scrotum, why should not the lumbar from lymphatic absorption from the wounded cord; my answer is; during the formation of the abscess in groin, considerable pyrexia was present, though the size of the bubo was not large, but no corresponding pyrexia has taken place while the rapid lumbar enlargement has been going on. I think this proves the lumbar infiltration to be non-inflammatory.

I will report anything further of interest in the case.

The following cases were admitted from April 23 to April 30, 1873.

ACCIDENT.

1—Compound Fracture of Right Arm, Amputation just below Shoulder Joint—Wound of Face
11—Fractured Fibula—Injury to Face and Shoulder
17—Face Crushed—Incision of Left Eye
22—Punctured Wound of Left Forearm

CORNELIUS.

3—Fractured Patella
6—Fractured Tibia and Fibula
11—Fractured Tibia and Fibula
14—Cut Face and Head—Fractured Base?
15—Fractured Skull
17—Fractured Tibia

LAZARUS.

6—Diffuse Cellular Inflammation of Leg
7—Delirium Tremens
12—Exzema of Legs
17—Inflammatory Affection of Nose
22—Ulcer of Leg

JOB.

1—Ostitis
3—Tumour of Inferior Maxilla
6—Disease of Knee-joint
8—Lipoma of Buttock
16—Fistula in Ano
11—Ulcer of Leg

NAAMAN,

5—Cleft Palate
9—Disease of Palm of Hand

LUKE.

8—Fractured Ribs—Bruised Head, Scrotum and Penis

DORCAS.

9—Procedentia Uteri
15—Gunshot Wound

CHARITY.

3—Carcinoma of Right Breast
6—Tumour over Right Parotid Gland—Enchondroma?
12—Phlegmasia Alba Dolens—Contracted Knee
13—Fistula
17—Strangulated Femoral Hernia
24—Enlarged Glands of Neck

MARTHA.

13—Disease of Knee-joint
14—Talipes Varus

LYDIA.

2—Hip-Joint Disease
6—Epithelioma of Tongue
11—Thecal Abscess
14—Disease of Elbow Joint
26—Hip-joint Disease

BARNABAS (Ophthalmic.)

14—Cataract
19—Cataract

RUTH (Ophthalmic).

26—Cataract
27—Cataract
36—Glaucoma
45—Cataract

GENERAL NEWS.

—o—

OPERATIONS.

Friday, April 25.

Removal of Dead Bone from Hip by Mr. Davies-Colley.

Patient was a female, æt. 18. She had suffered from her hip for abont twelve years; she was able to get about, however, till eighteen months ago, when an abscess formed, which has been discharging ever since through two sinuses. The leg was shortened about two inches and three-quarters, and the foot everted, showing that either the head of the femur had been absorbed or that dislocation had taken place on to the dorsum ilii. Mr. Colley inserted first a probe and then his finger into the posterior sinus; his finger entered the joint and dead bone could be felt there; he then injected both sinuses with carbolic lotion, and proceeded to lay open the joint, making a free incision over the great trochanter. The head of the femur was found to have been absorbed, and the great trochanter was embedded in fibrous tissue and was placed close to the joint. The disease was principally in the acetabulum. Mr. Colley removed a piece of dead bone about the size of a nut—which was lying loose in the cavity of the joint—and syringed the cavity well with carbolic lotion. The operation was performed under the carbolic spray, and the wound dressed with antiseptic dressing.

Monday, April 28.

Mr. Birkett removed a breast for Carcinoma. Mr. Cooper Forster removed two small cystic tumours from palm of hand.

Tuesday, April 29.

Excision of the Knee-joint by Mr, J. Cooper Forster.

Patient, æt. 17, had suffered from her knee for about fourteen months. Things had been going on from bad to worse, and she now complained of intolerable pain. As patient seemed very well in health, Mr. Forster thought it best to operate at once, before the bones became implicated in the disease. He was operating in this case earlier than was usual, but he could not see anything to be gained by waiting, as it was easy to foresee what would happen. Patient might get a little

better and go out of the Hospital, but she would soon be back again in a worse condition. Mr. Forster then proceeded to excise the joint. He made an oval incision in front of and below the knee, and dissected the anterior flap from the patella before opening the joint. He then opened the joint and removed the patella. The ends of the bones were then sawn off, torsion applied to the bleeding vessels, and the flaps brought together. The limb was then placed on a straight back splint.

Amputation through the Thigh, by Mr. J. Cooper Forster.

Patient, had rheumatic fever eighteen months ago; this was followed by disease of the upper part of the tibia, which had been progressing ever since. On a previous ocaasion Mr. Forster had removed some necrosed bone from the part, but now there was much deep-seated sloughing, and the knee-joint was becoming implicated, so that Mr. Forster thought patient would do better without the leg. He, therefore, proceeded to amputate through the lower third of the thigh by the circular operation. The femoral artery was compressed by digital pressure, applied by Mr. Paradise. Torsion was applied to the vessels.

Amputation of Breast, by Mr. J. Cooper Forster.

Patient, had disease of the breast for four months, which was undoubtedly of a malignant character. The skin was just being encroached on by the disease, and the tumour was slightly adherent to the pectoral muscle. There was no glandular enlargement. The whole breast was removed. Patient is in No. 4, Charity.

Removal of Suppurating Cyst from Face, by Mr. J. Cooper Forster,

The cyst was cut into before removal, and a considerable quantity of pus came away. The cyst was then turned out. The patient is now in No. 6, Charity.

Removal of Malignant Growth from Breast—Mr. Durham.

Patient, æt. 63, seven or eight years ago. first noticed a lump in her right breast; eighteen months ago the skin became purple. There is a marked contraction of the nipple. The breast around the tumour is only partially infiltrated. Mr. Durham made an elliptical incision down to the pectoralis major muscle, from which he disected the breast and by another incision he removed the whole of the diseased tissue with a greater part of the breast. Patient is in No. 4, Dorcas.

Removal of Tumour from Breast, by Mr. Durham,

Nine months ago Patient felt a lump in her breast about the size of a pea; this had been getting larger ever since, and had increased very rapidly during the last six months. There was no history of an injury, and no history of cancer in the family. There was, at the time of operation, a tumour about the size of a large marble; it was connected with the skin but did not involve it. The tumour was hard, tender, and painful. There were no enlarged glands in the axilla. Mr. Durham thought that there could be no doubt as to the malignant nature of the growth. He had very strong feelings in favour of removing all malignant growths as soon as they were recognised; for, even if the disease could not be entirely got rid of, life might often be prolonged, and a great deal of suffering saved. In the present case he intended to remove the growth and the tissues for some distance around it. He, therefore, proceeded by two elliptical incisions made some distance from the tumour to remove it entire, with the surrounding portions of the breast. On section the tumour presented the appearances of gelatiniform cancer.

In No. 15, Dorcas, there is an interesting case of gunshot wound. On the 4th February last patient was accidentally shot in the left breast About thirty shots were removed. Shortly after the accident her left arm became powerless, so that we may conclude that there exists some injury to the brachial plexus. We shall furnish a full report of this case in a future number,

In No. 9, Accident Ward, there is a man suffering from severe stabs in the face. Patient was endeavouring to rescue his sister from her husband who was maltreating her, when the husband set upon him inflicting two stabs with a small penknife—one in the temple, and the other producing a gash from the front of the ear downwards to the angle of the jaw. The wounds bled profusely, and the lower wound had to be extended in order to tie a bleeding vessel. Patient is progressing favourably.

In No. 1, Luke Ward, there is a case of supposed malignant growth from the top of the humerus of a boy, aged 15. The growth has increased in size very rapidly.

In No. 7½, Martha Ward, is a case of amputation through the knee of a child, aged two years and a half. The little patient is progressing favourably.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Member.

Anatomical and Physiological Examination.

April 26, 1873.

From 1 to 4 o'clock p.m.

Candidates must answer four out of the six questions. Answers to less than six questions will not be received before half-past 3 o'clock.

1. Give the dissection necessary to display the Parotid Gland. State what structures would be cut away, and what parts would be exposed, if the entire gland were removed.

2. Describe the position, relations and structure of the Cæcum State what is known of its functions.

3. Mention, in their respective relation to each other, all the structures which occupy and close the upper outlet of the Chest.

4. Describe the arrangement and relation of the several structures which enter the formation of a Lobule of the Liver.

5. Describe the course, relations and distribution of the nerves met with in the dissection of the Dorsum of the Foot.

6. How is the Voice produced and modulated? State by what muscles the Rima Glottidis is influenced, and how they act in changing its shape.

The following Guy's men having passed the necessary examinations or the diploma, were duly admitted Members of the College on Tuesday, Wednesday, and Thursday last week:—

Mr. Henry Ashby,
Mr. William E. Bennett
Mr. Edmund A. Bevers, L.S.A.
Mr. William W. Dickenson, L.S.A.
Mr. Maurice Smelt Duke, L.S.A.
Mr. Thomas Evans, L.S.A.
Mr. William Arthur Garrard,
Mr. Henry Hetley
Mr. Thomas D. Paradise, L.S.A.
Mr. Charles Pinching. L.S.A.

Mr. John Lacey Morley was admitted as Licentiate of the Royal College of Physicians on the 24th ult,

Mr. James Frederic Goodhart, M.B., C.M., received the degree of M.D., at the late Medical Graduation term, at the University of Aberdeen.

The following is a list of Guy's men who passed their First College Examination during the past week, including yesterday's list :—

Mr. Amphlett
Mr. Brown
Mr. Bull
Mr. Carington
Mr. Cotton
Mr. Davis
Mr. Dennis
Mr. French
Mr. Lee
Mr. Mount
Mr. Piggot
Mr. Rawlings
Mr. Richards
Mr. Shadwell
Mr. Taylor, H. C.
Mr. Theed
Mr. Welchman
Mr. Williams

The Bible Class will hold its first meeting in the Summer Session on Thursday next, the 8th instant, at 6.15 p.m., at Hibernia Chambers, London Bridge, when the Book of Jonah will be commenced, and an essay upon it read.

LESLIE'S PLIABLE PLAISTERS.—We have just received samples of these plaisters which have been forwarded for our inspection. These plaisters have come to supply a want which must have been felt by every practitioner, a want of strapping that could be readily applied, easily pulled into any shape, and that would not be injured by keeping. The strapping used at Guy's presented the two former advantages, but it had this great disadvantage, that it would not keep; this has been overcome in the new plaister, and we may say, that while it possesses all the good qualities of the Guy's plaister, it has had this bad quality removed. The plaisters are made in three kinds, each kind being sold in neat tin cases which go readily into the pocket. The court plaister spread on black or pink silk is especially worthy of attention, it will doubtless prove most useful in slight cuts or plastic operations.

AUTOTYPE OF MR. COPE'S PICTURE OF THOMAS GUY, THE FOUNDER OF THE HOSPITAL.—Fresh impressions of this interesting picture have been secured from the Autotype Co., and copies of the same (price 8s. 6d.) can be had on application at the counting house. The profits on the sale of these autotypes are devoted to the "Guy's Samaritan Fund." Guy's men are, therefore, when buying one promoting the objects of this useful charity, and at the same time obtaining for themselves an interesting souvenir of their *Alma Mater*. Mr. Williams, at the counting house, will be very happy to show any gentlemen the original picture, or to take orders for the autotype.

MESSRS. KIRBY AND CO'S. PHOSPHORUS PILLS, AND PILLS OF PHOSPHORUS AND NUX VOMICA.—We have received for examination a sample of the above pills which contain phosphorus in a chemically pure state. The presence of the drug is easily demonstrated by dividing one of the pills with a warm pen-knife, when it will immediately catch fire. Messrs. Kirby have by their elegant preparations quite overcome the difficulty which has hitherto existed in administering phorphorus without destruction of its activity by oxidation. And it has been shown by Dr. Broadbent and others, that if phosphorus be administered in a form so as to reach the blood unoxidized, it acts as a valuable remedy in many nervous disorders. The combination of strychnine with the phosphorus will doubtless prove valuable in many cases.

RECEIVED—"Students' Journal and Hospital Gazette"—"Aberdeen Medical Student"—"Medical Press and Circular"—"Orchestra"—Tablets of Anatomy and Physiology, the Eye and Ear, by Thomas Cooke, F.R.C.S, &c.—Notes on the Pharmacopœal Preparations, by Handsel Griffiths, Ph.D., L.R.C.P., &c.

Miss. Fenwick Miller—Your letter on "Women and the Profession" came too late for this week's issue.

PUPIL.—An old Guy's man, with large practice, has a VACANCY for a Pupil; within five minutes walk from Guy's Hospital. Highest references given and required. Would not object to have a Student to live with him, but would prefer a Guy's man.—Apply, BY LETTER, to "R," care of Mr. Drewett, Stationer, Borough High Street

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GUY'S HOSPITAL.—The SUMMER SESSION commenced on THURSDAY, May 1st.

MEDICAL OFFICERS.

Consulting Physician—Sir W. W. Gull, Bart., M.D., D.C.L., F.R.S.
Physicians—S. O. Habershon, M.D.; S. Wilks, M.D., F.R.S.; F.W. Pavy, M.D., F.R.S.; W. Moxon, M.D.
Assistant Physicians—C. Hilton Fagge, M.D.; P. H. Pye-Smith, M.D. F. Taylor, M.D.
Consulting Surgeons—John Hilton, Esq., F.R.S.; Edward Cock, Esq.
Surgeons—John Birkett, Esq.; Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur E. Durham, Esq.
Assistant Surgeons—H. G. Howse, M.S.; N. Davies Colley, M.C.
Consulting Obstetric Physician—Henry Oldham, M.D.
Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.
Assistant Obstetric Physician—J. J. Phillips, M.D.
Ophthalmic Surgeon—Charles Bader, Esq.
Surgeon Dentist—J. Salter, M.B., F.R.S.
Assistant Surgeon Dentist—H. Moon, Esq.
Aural Surgeon—J. Hinton, Esq.
Medical Registrar—F. Taylor, M.D.
Surgical Registrar—J. F. Goodhart, M.B.

The Hospital now contains 715 beds. Of these 221 are for Medical Cases; 250 for Surgical; 26 for Gynœcological; 48 for Syphilitic, and 50 for Ophthalmic cases. There are also 30 Children's Cots and 84 reserve beds (8 in private rooms).

In connection with the Lying-in-Charity, about 2,500 cases are annually attended by the Students.

Number of Patients relieved during the last year, about 81,000.

LECTURES AND DEMONSTRATIONS.

Medical Jurisprudence—A. S. Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—C. Bader, Esq.
Pathology—W. Moxon, M.D.
Hygiene—C. Hilton Fagge, M.D.
Comparative Anatomy—P. H. Pye-Smith, M.D.
Morbid Histology—H. G. Howse, M.S.
Botany—C. Johnson, Esq.
Practical Chemistry—H. Debus, Ph. D., F.R.S.
Natural Philosophy—G. F. Rodwell, Esq.
Operative Surgery—A. E. Durham, Esq.
Cutaneous Diseases—C. Hilton Fagge, M.D.
Dental Surgery—H. Moon, Esq.
Mental Diseases—J. Thompson Dickson, M.D.

Clinical Lectures in Medicine, Surgery, and Gynæcology, weekly—by the Assistent-Physicians, Assistant-Surgeons, and Assistant-Obstetric-Physician.

Special Classes are held in the Hospital for Students preparing for the Examinations of the University of London, and of the College of Surgeons.

The Museum of Anatomy, Pathology, and Comparative Anatomy—Curator, W. Moxon, M.D.—contains 10,000 specimens, 4,000 drawings and diagrams, an unique collection of Anatomical Models, and a series of 400 Models of Skin Diseases.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. Fees:—£40 for the first year; £40 for the second; £20 for the third; and £10 for succeeding years of attendance. 100 Guineas in one payment entitles a Student to a perpetual ticket.

The House-Surgeons and House-Physicians, the Clinical Assistants, Dressers, Clinical Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected from the Students according to merit.

Six Scholarships, varying in value from £25 to £40 each, are awarded at the close of each Summer Session for General proficiency.

Two Gold Medals are given by the Treasurer—one in Medicine, and one in Surgery

A voluntary Examination takes place at Entrance, in Elementary Classics and Mathematics. The first three candidates receive respectively £25, £20, and £15.

Several of the Lecturers have vacancies for Resident Private Pupils.

For further information apply to Mr. Stocker,
Guy's Hospital, May, 1873.

J. MILLIKIN

Surgical Instrument Maker to Guy's & St. Thomas's Hospitals,

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POCKET DRESSING CASE, containing, mounted in French lock-back tortoiseshell or ivory handles, Finger Knife and Scapel, Syme's Abscess Knife, and Tenotomy, Sharp and Probe pointed curved Bistoures, best silver Female Catheter, dressing Scissors, Spatula, Artery Forceps, best long silver Caustic case with Trocar and Canula for Hydrocele, and Exploring Needle combined, spring Forceps, Probes director and aneurism Needle or Scoop Combined Needles and Silk,—in handsome Russia or Morocco Leather Case - - - - £4 4 0

Tooth forceps from per pair - - - - 4s. 6d.
" " as recommended by Mr. Moor and best London make per pair - - - - - 8s. 6d.
Guy's Regulation Case of CATHETERS and SOUNDS - 35s. 6d.
Case of SIX CATHETERS - - - - 20s. 6d.
DISSECTING CASES from . - - - 10s. 6d.
POCKET CLINICAL THERMOMETER, with a certificate from the Royal Observatory at Kew - - - 7s. 6d.

N.B.—J. Millikin is the Only one of that Name in the Trade, and has no connection whatever with 7, Southwark Street, and 12, Palace Road.

GUY'S HOSPITAL.—To past and present Pupils.

HENRY J. HILLS,

(MANY YEARS MANAGER TO THE LATE J. MILLIKIN, SOUTHWARK STREET,)

SURGICAL INSTRUMENT MAKER,

46, KING STREET, BOROUGH, S.E.

H. J. H. having had over 23 years' experience in the above business is well acquainted with it in all its branches, begs to invite attention to his Stock of Surgical Instruments, &c., all of which are of the Best Workmanship and Finish.

EVERY KIND OF SURGICAL APPLIANCES, TRUSSES, INSTRUMENTS FOR DEFORMITY, MOULDED LEATHER SPLINTS, &c., OF THE LATEST IMPROVEMENTS MADE TO ORDER.

Son of the Late Mr. MONSON HILLS, Guy's Hospital.

Pure Phosphorus Pills.

Messrs. Kirby and Company invite the attention of the Profession to the following elegant preparations, which possess the necessary qualities of definitiveness and purity, and are, moreover, PERFECTLY TASTELESS:—

Pil. Phosphori Pur.

Each Pill contains gr. $\frac{1}{33}$ of Pure Phosphorus, unoxidised.
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Three gross bottles for dispensing 21s.

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Each Pill contains Phospor. Pur. gr. $\frac{1}{100}$ Ex. Nucis Vom. gr. $\frac{1}{4}$
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N.B.—A List of 400 Remedies in the form of Pearl-coated Tasteless Pills, forwarded free to registered practitioners on application.

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Leslie's PLIABLE "ADHESIVE" PLAISTER (Registered) is suitable for Small Operations and for Ordinary Use.

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BEG to call the attention of the Medical Students of Guy's Hospital to the Superior Make and Finish of their

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Printed and Published for the Proprietors by Orlando Gibbs Brimmer, at 104, Borough High Street, Southwark, Surrey.—Saturday, May 3, 1873

Guy's Hospital Gazette.

VOL. II.—NO. 2. SATURDAY, MAY 10, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

GUY'S HOSPITAL FOR THE LAST TEN YEARS.

Somebody says that our leaving a place which has remained unchanged for a long time, and has seemed unchangeable, appears the signal for all sorts of startling changes to take place in it; and assuredly the old Guy's man revisiting his old school, after a lapse of years, would have to confess the truth of somebody's statement. When he had got over his sense of something wanting in St. Thomas's Street, in the absence of St. Thomas's Hospital, and prevailed on himself to pass in at the front gates, and up the well-worn steps, into the Colonnade, and so into the Surgery, it is true he would find but little altered or changed since that most satisfactory change made in July, 1863, when first urgent cases and minor accidents, were brought to the Surgery in the day time, to be first seen by the Surgery Dressers—poor fellows, just beginning to see practical cases, and hungering for experience—instead of by the Resident Dressers, who are comparatively veterans, and gorged with experience. I say he would find but little change here, either in the Surgery itself, which is still dingy as ever it was, or its "appliances and means to boot," which, if not elegant, are, and always were, sufficient; or in its occupants, the Irish gentleman who has his head laid open, or the "nose bitten off of him," by some friend or fellow countryman in the ardour of dispute, and has come accompanied by many sympathising (painfully *loudly* sympathising) friends, to see what the "Docther" can do for him—or the gentlemen of all nations and tribes and peoples, with bad legs—or the lady of hysterical diathesis, and much gifted by Providence with lung power, who has come to have a tooth out—and so on.

But leaving these and passing up into the Operating Theatre, he would be at once struck by its great enlargement and improvement, which was effected in 1866, by throwing out projections from the entrance doors of Luke and Naaman Wards; but he would look in vain among the well-known faces clustered around the operating table before him, for one sagacious and kindly face he has often seen and looked on with reverence there, and while admiring the skilled hands—seeming in their exquisite manipulation possessed of self-contained volition—he must needs think of that hand not less gifted which moulders in the grave. Not soon will any Guy's man forget the honoured name of Alfred Poland. Passing somewhat rapidly through the surgical wards, and admiring two or three successful or succeeding cases of skin grafting, and regretting that he did not see Mr. Bryant's interesting patient with an island of transplanted negro skin on his white arm, my shadowy old Guy's man comes again into the Colonnade ("ye ghostly memories of the dread First College, avaunt!") and bethinks him to enquire after the old and well-known gate porter—William Archer. "He died, Sir, in January, 1864." And Mr. Goldstone, the Janitor? "Oh, he died, Sir, in 1866, the same year as Dr Barlow" Ah! me, the scythe of the ghostly reaper—Death—leaves no corner unsheared! Out of the Colonnade towards the New Wing passes my shadow, admiring the fine Fives Court, lately so liberally provided, with its numerous and highly appreciative occupants; and passes over the fine firm, new roadway into the central door of the new wing. To the right—open the door—poof! What a smell! Orange peel—gin—unwashed garments—feet—Mist. Rhei. Co. This is the Out-patient Room, eminently adapted to its purpose, large, airy, and by constant labour kept wonderfully clean.

Passing on his left hand into one of the surgical rooms, leading off from the chamber, he finds two students enthroned, to them come patients "for safety and for succour," so many

of them suffering from gonorrhœa, that after a while a patient without that unclean complaint comes to be looked upon as quite a curiosity. These Assistant-Surgeons' Dressers, as they are called, have not a very amusing or improving time of it; they are so cramped in their efforts by the extremely limited list of remedies they are permitted to prescribe, that their most arduous employment loses nearly all interest. In the Medical Rooms there is certainly more variety. I believe it was in November, 1863, that an assistant was first selected from among the students to aid the Assistant Physician in the Out-patient Department, and not till December, 1866, that a separate day for seeing skin diseases was set apart, Dr. Fagge, to his honour be it spoken, undertaking the duty of prescribing for them in addition to his ordinary work. Accompanying my shadow into the New Wards, I am pleased to see his unfeigned admiration of their beauty and fitness, and from the way in which he watches the clinical assistants flitting about, one here taking a patient's temperature; (the taking of the bodily temperature as a sign of disease was first taught here in 1864), one yonder listening to unutterable chest sounds through his stethoscope, and yet another elaborately testing some urine on the window cell. I say from the way my old Guy's man watches these things I am inclined to think he considers that the present Guy's student is not behind his predecessors, in industry or ability. In muscular christianity the Guy's student still as ever holds a foremost rank, while for the gentler arts, I need only refer to the concerts, first given in aid of the Samaritan Fund in December, 1867, and continued since; to the birth and vitality of this little sheet; and to some most admirable portraits, albeit only wrought with charcoal on a white-washed wall, in the Prosectors' Room.

Perhaps of all the improvements at Guy's that which will most strike the old student is the alteration in the Museums. It cannot be necessary for me, or any one, to utter a word of praise of Mr. Towne's anatomical models to anyone who has once seen those masterpeices—least of all to any student whose knowledge of anatomy has been perfected, while his pursuit of that knowledge has been rendered delightful by them; but the way in which they have been re-arranged in a long single line, in a good light, in a new gallery in the north wing of the new buildings, is a vast improvement on their old positions in a "dim religious light" in the old Museum building, which is now entirely set apart to constitute the pathological department.

My shadowy old Guy's man begins now to feel somewhat fatigued (as considering the respectable dimensions to which his old school has attained he may well do); but he cannot leave without visiting the dissecting room, and hearing something about Mr. Howse's new glycerine and arsenic preservative, whereby fresh, well-preserved, and not ill-smelling subjects, are open for dissection all the year round. Finally he passes again through the central walk into the Colonnade, and rubbing his ghostly shoulders against some of the gentlemanly young fellows waiting there for the Physician "going round," disappears again into his native æther.

A general meeting of the Guy's Athletic Club was held on Thursday last, an account which will be found further on in our columns. We are sorry to see so little general interest taken by Students of the Hospital in the affairs of the Club We learn from our reporter that there were only about twelve members present. Surely, Guy's men must be forgetting that the United Hospitals' Shield now placed in our library will not remain there long if they do not bestir themselves and take some interest in athletics. No Student ought to rest satisfied in sharing the credit of a victory which he has not helped to gain, and as there is no Guy's man who can help being honoured by victories gained by Guy's men in athletics, and no Guy's man who can help being in a measure disgraced by the failure of a Club representing Guy's men, it is incumbent on all to endeavour to do something to aid those who take a more active part in the fray, by at least attending general meetings, and making the Athletic Club more of a representative body than it at present appears to be. The affairs of the Club seem to be in a prosperous condition. All we want now, therefore, is that those who are good athletes shall come forward to take their share in the coming sports, and that other Guy's men who do not take an active part shall at least show that they take an interest in, and feel themselves identified with, the doings of the more active members of the Club.

CORRESPONDENCE.

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[*We do not hold ourselves responsible for any opinions expressed by our Correspondents.*]

WOMEN AND THE PROFESSION.

To the Editor.

Sir,—In the last number of the *Students' Journal* appeared an article headed "Women and the Profession." Although the journal professes to represent the medical students of this country, I am convinced that the majority of the gentlemen will not be ready to subscribe their approbation of the language and arguments (*sic.*) employed in this specimen of good breeding; and, therefore, I venture to beg you to insert the following remarks in your journal:—

The writer opens fire upon us by informing us that the decision of the question of the entry of women into the

profession should not be left to those "whose age and experience would lead one to expect sound judgment in such matters"—many of whom, he acknowledges, support our ~~our~~ admission—but should be considered by those who will be *mainly affected* by its settlement. Are we to infer from this that some lady student has threatened to attend the writer in his illnesses by main force? Because, on the general question of incompetency, it is the public, or the consultant, who would be called in to cover our blunders, who have a right to protest. We cannot force the gallant Editor to submit his sacred person to our hermaphrodite operating knives. If the insinuation is that gentlemen will object to the admission of women to the profession merely because they will take some few cases from men's hands, then I am certain that so mean an assertion will be indignantly refuted by themselves.

"Unfortunately," this gentleman goes on to say, "a writer is not permitted to be unfair to women, and not permitted to deny their abilities without a trial, or to prove their incapability by asserting it, without being charged with unfairness!" Sad depravity!

So long as woman, he continues, employs herself in wreathing roses to adorn our mighty brow, we will bestow upon her our valuable affection; but so soon as she turns her attention upon the sorrow and suffering which surround her in daily life; so soon as she wishes to help onward the cause of progress by the education of her own mind, and the application of her special knowledge of her own sex to scientific study, immediately she becomes unworthy the love of so noble-minded and intelligent a personage. Let us rejoice in the fact!

"There is nothing in the ordinary way of human affairs that a man cannot do better than a woman." A morning paper *did* once announce—"Her Grace the *Duke* of Rutland of a son."

Presently, the Editor announces his intention of at length being logical. He is going to "discuss" women's fitness for four branches of the healing art. Branch I. is the General Practitioner. The discussion vouchsafed to woman's claim here is a dogmatic paragraph of statements of opinion, "which would, we believe, be reciprocated by the vast majority of those whose opinions are entitled to respect." Of course they would, because no opinion would be so treated if it did not chime in; and, moreover, this assertion is made by every man about his own ideas. Cannot Holloway's pills be obtained from every *respectable* druggist?

Branch II. is the Obstetrician. The writer acknowledges that many members of the profession, whose age and position entitle them to respect, advocate women in midwifery, but his personal unselfishness prevents his agreeing with their views. Good fellow! he does not want to expose women to the unpleasantness of getting up at nights, and so forth. But wait a few paragraphs.

Dismissing selfish considerations, and fears for women themselves, he proceeds to consider this matter as it affects the public. A midwifery practitioner should possess "sound judgment, *extraordinary* skill, and great physical strength—a combination rare in men, and never to be hoped for in a woman." True, "many cases are quite natural, and need no help; but this furnishes no argument for trusting a patient's life to incompetent hands." Moreover, "apart from fitness, women in labour will prefer to be attended by men."

Really, Sir, it is amazing that such a farrago of absurdity can have been conceived. Then it is not women only who are not fit to practice midwifery, but the majority of men also. Shall there not be added to the Examiners one whose special business it shall be to test the athletic power of the candidates for midwifery honours—rejecting all who cannot lift a given weight and overpower a given resistance? Shall not "first-class honours" be awarded according to the development of the biceps rather than that of the cerebrum? A good cricketer and oarsman may be excused from attendance on lectures; skill is gained by practice, and judgment cannot be diplomaed. This is the only quality which it can be proved that women do not possess. Women of past and present times have proved their judgment and skill. We do not *all* want to be consulting obstetricians, and fortunately most emergencies require the skill without the *great* strength. It is true, many women will prefer men's attendance, but they have had no opportunity of deciding *apart* from skill before now.

I must pass over the eloquent advice to the Pharmaceutical Society to admit women freely, just remarking upon the writer's liberal willingness to ease the labour market upon the poor chemists, whose trade is so much more easily acquired than is medical proficiency; and we arrive at Branch IV.—The Nurse. Here is woman in her right place! Not brandishing the lancet, but the leech; not holding forth the cupping-glass, but the mustard poultice. Woman making gruel is nobler than woman taking a temperature; woman forcing down a dose is "twining the roses," woman prescribing the drugs is destroying man's love for her sex. She who can tie a divided artery is doing a dishonourable thing; she who can scream while the patient dies is a ministering angel. Certainly!

Now we reach the pith of the whole. We come to a sentence probably intended for sarcasm, and wit, and are ourselves informed of our reason for studying Medicine. It is that medical men may marry us! This, he says, is a good (rose twining?) though mistaken motive, and men should take medical women, that they may "attend the midwifery cases in the cold winter nights." He probably forgets that to medical women marriage will cease to be a profession, and therefore there will be a choice exercised as well as there is by men; and of this I am certain—whatever be the personal beauties (*we know* the moral and intellectual ones) of this man, all his brilliant eloquence would fail to obtain for him this boon of a medical wife. Let him wish for one still; *he* will never be able to prove the truth of his assertion about our motive.

But this one paragraph would be sufficient to stamp the whole thing as underbred, and I am convinced that whatever be the opinion of gentleman upon the admission of women to their future profession, few will express approval of so low a composition; for most male medical students *are* gentlemen.

With all possible respect,

I am, Sir,

Yours obediently,

FLORENCE FENWICK MILLER.

Ladies' Medical College,
164, Great Portland Street, W.

AN UNUSUAL CASE.

To the Editor.

Sir,—Perhaps some of the readers of the "Guy's Gazette" may be interested in the following case:—

M. W., æt. 30, always enjoyed good health, married, and mother of several children, who are all healthy.

On the 10th of April I was called to see her, and found

she could not open her mouth wide enough to admit solid food, but was only able to take fluids; the reason appeared to be that the glands of the face and neck were so indurated and enlarged that the lower jaw could not be depressed. The woman stated she first caught a cold and the cheek began to swell, and gradually got harder till I was called in; she had left it alone, thinking it would go away.

I had several linseed poultices applied, and gave Iodide of Potassium and Quinine, and a free purge; and after two or three days the tissues became softer, then I applied Tr. Iodine, and she was at last able to eat; but although the enlargement has gone down very much, still it will not entirely go. I cannot see any teeth likely to cause it. Can anybody suggest a remedy?

I remain,
Yours obediently,
W. H. SPURGIN.
One of the Resident Medical Officers to York Dispensary.

May 2, 1873.

MEDICAL WARDS.

—o—

We are indebted to Mr. C. Duran for the following report of a case of

SCHLEROSIS,

M. P., æt. 23, was admitted into No. 15, Petersham Ward, on January 7th, 1873.

Father and mother died, the former of Paralysis, the latter of diseased liver, lost three sisters one of phthsis, has always been a very healthy girl, and has never had any serious illness. About three years ago, she experienced some fright at the death of her sister in her confinement, from seeing one of the attendant doctors' hands covered with blood; after this she had an hysterical fit, and soon after began to notice failure of power in her legs, and that she became very nervous and started at the slightest sound. Then after walking her legs gave way and swelled up, and she had some pain in her back. These symptoms increased, she was unable to walk, and her hand became affected; has only menstruated once in eight months.

On admission, Patient is a very healthy looking girl, well nourished, and with dark hair and eyes; when she is sitting still, the hands and limbs are quiet, but when she attempts to use her body by leaning forwards, the head, hands and arms oscillate. There is a less degree of the same oscillation when the hands and arms are used. There is a want of precision in the movements of the upper limbs in consequence of this oscillation. The tongue and lips appear unaffected, as is the language. When told to look at anything her eye-balls keep moving all the time. The lower extremities are nearly useless to walk, but she can stand on them when holding to a table for support, and she can then move along. The legs are stiff, and the muscular power in them is great, so that they cannot be bent against her will. The muscular power in her hands and arms is also great, she can grasp well. Her appetite is good and her visceral organs seems healthy.

January 13—Continuous current to be applied to the leg and spine three times a week.

March 7th—To have Argent. Nitrat, gr. $\frac{1}{8}$, Ext. Gentian gr. 4, Fiat. Pil. every six hours.

May 2—Patient is much in the same state as when she came in, her legs being perhaps not so stiff, she has been up in a chair, she also walks by holding to neighbouring things and can raise her feet when walking, a thing she could not do before. She has always had good appetite, and has retained her general health, only complaining occasionally of pain and heaviness across the forehead and in the back. She has always had perfect control over her bladder and bowels. She says she feels always better after being galvanized, and not so well when she is not.

The following cases were admitted from April 23 to May 7, 1873

JOHN (Clinical),

10—Acute Myelitis
12—Rheumatic—Cardiac

MIRIAM (Clinical).

No admissions

PETERSHAM.

There were 3 cases admitted, but we were not able to obtain the diagnosis

PHILIP.

1—Infantile Paralysis
11—Phthisis
12—Syphilis
15—Dysentery
32—Bronchitis—Typhus
35—Hemiplegia, left
48—Phthisis
50—Rheumatism—Endocarditis

STEPHEN.

2—Phthisis
11—Bronchitis and Emphysema

MARY.

2—Chorea
9—Chorea
Cot—Fits due to Ascarides—Pneumonia

ADDISON.

2—Phthisis
10—Exzema
19—Chorea
36—Phthisis
43—Exzema

SURGICAL WARDS.

—o—

The following cases were admitted from April 30, to May 7, 1873

ACCIDENT.

1—Torn Arm—Amputation
4—Concussion of Brain
10—Scalp Wound and Concussion of Brain
11—Contusions and Fractured Fibula
13—Crushed Toes, three Amputated

17—Concussion of Brain and Spine
22—Fractured Patella
23—Crushed Back and Chest

CORNELIUS.

4—Contusion of Left Hip

LYDIA.

5—Dislocation of Hip
8—Fracture of Neck of Femur
10—Abscess of Arm
16—Scalp Wound
27—Injury to Arm

CHARITY.

10—Varicose Ulcers on Left Leg
11—Sloughing Ulcers on Left Leg
15—Inflamed Varicose Ulcers on Right Leg

DORCAS.

9—Fractured Femur

JOB.

1—Abscess of Right Thigh
9—Ununited Fracture of Femur
11—Lithotomy
11—Epithelioma of Tongue
20—Stricture—Abscess
23—Sebaceous Cyst on Head

LAZARUS.

7—Disease of Knee-joint
9—Stone in Bladder

MARTHA.

5—Cancer in Breast
9—Varicose Veins
18—Hip-joint Disease

NAAMAN,

1—
6—Dislocation of Wrist—Secondary Abscess

BARNABAS AND RUTH (Ophthalmic.)

There were 8 new cases admitted into the Eye Wards, but it is useless for us to publish the numbers without the diagnosis.

GENERAL NEWS.

—o—

OPERATIONS.

Friday, May 2.

Removal of Tumour of Inferior Maxilla, by Mr. Bryant.

Patient was admitted into the Hospital in December, 1872. In the old report we find stated, that seven years before admission he had received a blow on the lower jaw which prevented him from eating solid food for a week, he did not know whether the jaw was fractured. Four years after this a slight swelling appeared on the right side of the lower jaw, and a small growth on the inner side of the lower jaw. Several pieces of bone then came away through an opening in the mouth, and the tumour had been increasing in size ever since. On admission, patient was about twenty-five years of age; there was a growth causing an oval swelling, which extended from the right corner of the mouth backwards, almost to angle of jaw the skin was healthy over, and not adherent to the swelling. The mass was nodulated and elastic, immovable and free from pain. There was also a growth to be seen inside the mouth. Patient left the hospital a few days after admission, but returned on April 22nd, 1873, and Mr. Bryant to-day proceeded to remove the tumour, which had been slowly increasing in size. The right canine tooth having been extracted by Mr. Moon, Mr. Bryant made an incision about three inches in length along the lower border of the inferior maxilla. Then after all bleeding had stopped, he denuded the bone of the soft parts over it, divided the mucous membrane from the inside of the mouth, and with the chain saw cut through the bone anteriorly just a little to the right of the symphisis, and again posteriorly close to the ramus; he then removed the bone with the tumour attached A sponge with string attached was then placed in the mouth, and the external wound closed. On section the growth presented the appearance of a fibrous tumour. Patient is in No. 3, Job Ward.

Mr. Bryant removed a sebaceous cyst from the buttock. Patient is in No. 8, Job,

Tuesday, May 6.

Removal of Shot from Brachial Plexus, by Mr. Durham.

The case was that of the patient mentioned in our last issue, whose arm had been rendered powerless by a gunshot wound in the breast. Mr. Durham cut down to the brachial plexus, and removed four shots, one of which was lying on, and evidently exerting pressure on one of the nervous cords. He then explored carefully around with his finger and being unable to discover any more shot, and thinking the one removed from the nerve was sufficient to account for the symptoms, he thought it best not to carry the dissection any further but to wait and see what the present operation would do. The wound was therefore closed. We shall publish a more detailed account of this operation when we publish the report of the case.

Amputation of Thigh, by Mr. Durham.

On the 29th March last, patient, who is a boy of , was thrown out of a cart, the wheel passing over his right thigh produced a serious injury, and was removed to Kingston Cottage Hospital. Shortly after the accident a large swelling appeared in the seat of the injury; this swelling pulsated, and was therefore probably produced by a ruptured artery. He was brought to Guy's on the 29th April. On admission, there was a large pulsating swelling occupying the whole of the inner side of the right thigh. There was commencing gangrene of the leg, and the general condition of the patient was very bad. Mr. Durham, wishing to save the limb, laid open the swelling and turned out a large quantity of extravasated blood. He found the femoral artery had been wounded, and therefore tied it above and below the wound. Gangrene, however, went on progressing in the leg, and on Tuesday had reached almost to the knee. In the thigh was a large wound with pus burrowing all around it amongst the muscles of the thigh. The lower part of the femur had been bared to a considerable extent Taking all these things into consideration, Mr. Durham thought it best to amputate at once; he therefore proceeded to amputate through the middle third of the thigh, making superior and inferior flaps.

On Monday afternoon, the 5th inst., Tracheotomy was performed by Mr. Kirby Smith, House Surgeon, on a patient in No. 28, Stephen. Patient is suffering from Laryngeal Phthisis, and was in imminent panger of suffocation, The operation has given much relief.

THE CHEMICAL LABORATORY has been fitted with new work benches, below each place is a draw and cupboard. The end of the room has also been fitted with large cupboards for the reception of stock-bottles. These arrangements, together with the apparatus for carrying off the sulphuretted hydrogen, will greatly tend to the comfort of the Students engaged in laboratory work, and bear a striking contrast to the old Laboratory annually fitted up in the Dissecting Room.

"'A Puzzled Student' is dissatisfied with the payment he had to make to the General Medical Council, inasmuch as he sees no result or advantage from it. He especially complains that no assistance is given towards the repression of coarse and misleading quackery. 'All I know, he says, of the Medical Council is that at certain periods there appear in the Medical papers long accounts of their quarrelsome and never ending speechifying, and I am further mortified to find that I and others are taxed for no apparent object except to ensure its continuance,"—*Lancet, April* 19th, 1873.

APOTHECARIES' HALL.

The following Questions formed part of the Pass Examination on Thursday, April 17—

Medicine (Two to be answered).

1. Describe the Symptoms, Diagnosis, and Treatment of a case of Delirium Tremens.

2. Give the Physical Signs of second stage of Pneumonia, Pleuritic Effusion, Emphysema, and third stage of Phthisis.

3. What are the Causes, Symptoms, Complications, Pathology, and Treatment of Epilepsy?

4. Give the Diagnosis and Treatment of the different Diseases to which the Scalp is subject.

Therapeutics (Compulsory.)

In what Conditions or Diseases are Diuretics used, and in what Diaphoretics?

Pathology (Compulsory).

Describe the Morbid Appearances, General and Microscopical, of the Kidney in the different forms of Bright's Disease.

Midwifery (One to be answered).

1r What are the various Causes of protracted or difficult Labour? Give their treatment.

2. Describe the various steps in the oparation of Craniotomy. Enumerate the various complications which may necessitate the operation.

Diseases of Women (Compulsory).

What are the various Diseases to which the Cervix Uteri is liable, with their Diagnosis and Treatment?

Forensic Medicine (Two to be answered, No. 4 being one).

1. Whst are Symptoms. P. M. Appearances, and Treatment in Poisoning by Carbolic Acid?

2. Describe the Symptoms and Treatment in Poisoning by Conium, Belladonna, Digitalis:

3. What are the various Forms of Child Murder that may be accompanied by no marks of violence? What is the value of Medical Evidence in determining whether such deaths were Accidental or Criminal?

4. Describe all the different Tests for Poisoning by Arsenic, and how would you discover this Poison in the Contents of the Stomach, and in the Tissues of the Body.

Case for Diagnosis:

Mitral Regurgitation.

The Summer Registration will commence on Friday, May 2, and terminate on Friday, May 16. Hours—From 12 to 3 p.m., and Saturdays from 12 to 2 p.m.

Notices of the Annual Prizes in Botany are now posted on the Notice Boards. We should be glad to see these Prizes taken by Guy's men.

ATHLETICS.

—o—

GUY'S ATHLETIC CLUB.

On Thursday last, the 8th inst., a general meeting of Guy's Hospital Athletic Club was held in the Anatomical Theatre. The meeting was announced for 12 30 p.m. There were about twelve members present.

The meeting was held to elect a new secretary, Mr. Eliot having tendered his resignation.

The proceedings commenced by Mr. Eliot remarking that at a late meeting of the club the accounts had been gone into, and a balance of £20 declared.

Mr. Vinter and Mr. Bell were proposed as secretaries. The show of hands being in favour of the latter he was declared to be duly elected.

Mr. Amphlett next wished to know what time the sports would be held. He thought June a very bad time, and that the end of June or the beginning of July would be a better time.

Mr. Eliot said that the time would be fixed by a general meeting of all Hospitals, which would be held at King's College.

Various questions concerning ground, &c., were discussed, but no definite decision was arrived at.

The following gentlemen were elected as a committee at a previous meeting of the club:—Messrs. Power, Gibb, Vinter, Hicks, C. L. Jones, Duke, Hansell, Broughton, Maltby, Gilbert, Tyson, F. J. Eliot.

TABLETS OF ANATOMY AND PHYSIOLOGY BY THOMAS COOKE, F.R.C.S.—We have received the Tablets on the Eye and Ear in the printed form. We heartily recommend them to students and to practitioners who wish to renew their knowledge of these important structures.

THE NOTICE BOARD

—o—

Dr. Rodwell will meet the gentlemen who attended his lectures, and who intend entering for the Preliminary Scientific Examination next July, on Saturday the 10th inst., at 12 o'clock, in the Museum Class Room.

(Signed.) J. C. STEELE,
Superintendent.

Dr. Stevenson's Chemical Class will meet in the Practical Physiology Room, on Wednesday, at 1.30 p.m. Gentlemen proceeding to the Preliminary Scientific and other Examinations, who are desirous of joining, are requested to apply to Dr. Stevenson,

(Signed.) J. C. STEELE,
Superintendent.

Mr. Bader will lecture on Diseases of the Eye, and give Ophthalmoscope Demonstrations, on Tuesdays, at 3 p.m., in the Operating Theatre in the Eye Wards. The first lecture will be held on Tuesday, May 13:

(Signed) J. C. STEELE,
Superintendent,

The Clinical Lectures have now commenced. We shall publish the two first in our next issue.

The Lectures on Mental Diseases commenced on Monday, May 5th, in the Anatomical Theatre, at 1 p.m. Practical Instruction will commence at Peckham House, on Friday, May 9th, at 3 p.m.

Dr. Fagge will give the Clinical Lectures on Medicine on Wednesdays, at 1.30; and Mr. Howse will give those on Surgery on Saturdays, at 1 p.m., until further notice.

TABLE OF WORK FOR THE SUMMER SESSION.

FIRST YEARS' STUDENTS.

Monday—
Tuesday—Botany, 11.30 a.m.; Materia Medica, 3 p.m.
Wednesday—Practical Chemistry, 10 a.m. and 1 p.m.
Thursday—Botany, 11.30 a.m.; Materia Medica, 3 p.m.
Friday—Practical Chemistry, 10 a.m. & 1 p.m.; Materia Medica, 3 p.m
Saturday—Botany, 11.30 a.m.

SECOND YEARS' STUDENTS.

Monday—
Tuesday—Midwifery, 8.45 a.m.; Medical Jurisprudence, 10 a.m.
Wednesday—Midwifery, 8.45 a.m.; Clinical Medicine, 1.30 p.m.
Thursday—Midwifery, 8.45 a.m.; Medical Jurisprudence, 10 a.m.; Hygiene, 12.15 p.m.
Friday—Midwifery, 8.45 a.m.; Clinical Surgery, 1.30 p.m.
Saturday—Pathology, 8.45 a.m.; Medical Jurisprudence, 10 a.m. Hygiene, 12.15 p.m.

AN INQUISITIVE person lately gave an apothecary a bad headache by wanting to know "what this new disease—this Cerro-gordo—final—Macginnis that one hears so much about, can be?" Perhaps it is the complaint alluded to in one of the queerest obituaries that ever appeared in an American journal, and that is saying a great deal. A Philadelphia paper publishes the following from a Pennsylvanian pen:—

Our little Sallie did to heaven go,
Baby life so fleet is;
She was afflicted with the cerebro-
Spinal meningitis.
'Tis hard to lose our Sallie so,
But the reflection sweet is
That she's gone were there's no cerebro-
Spinal meningitis.

—THE ECHO.

RECEIVED—"Notes on Natural Philosophy," by G. F. Rodwell, F.R.A.S., F.C.S.—"The Medical Press and Circular."—"The London Medical Record."

NOTICE.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgement for the same.

Gentlemen at the Hospital are reminded that the new subscriptions are now due, and will greatly oblidge us by paying the same to one of the Editors as soon as possible. The subscription from May to the end of September will be 3s. 6d.

A RED CROSS on the wrapper means that the subscription is due.

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If Gentlemen, who are at PRESENT GUY'S STUDENTS have any Articles of a Professional character to dispose of, they may Advertise the same in this Column at the price of Sixpence for an Advertisement not exceeding Twenty Words.

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Guy's Hospital, S.E.
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The lithographed edition of Mr. C.'s Analytical and Synoptical Tablets now embraces nearly the whole of Anatomy and Physiology, and Special Tablets on Comparative Anatomy and Development for the F.R.C.S. Examinations are in course of preparation. For the printed Tablets, see above.

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Printed and Published for the Proprietors by ORLANDO GIBBS BRIMMER, at 104, Borough High Street, Southwark, Surrey.—Saturday, May 10, 1873

Guy's Hospital Gazette.

VOL. II.—NO. 3. SATURDAY, MAY 17, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

We cannot see that any advantage is to be gained by a students' journal discussing the question of the admission of women to the Medical Profession. In the first place, we do not believe that there are many Medical Students who have given the question a thought—certainly, only one Guy's man has taken the trouble to write to us about it; and in the second place, if women are determined to enter the profession, they will carry out that determination in spite of any washey articles, and vindictive letters, in the columns of students' papers.

If we start with the idea that women are more likely to succeed in the practice of our profession than men, there would then be natural cause for apprehension at the invasion of our vocation. If on the other hand it be true, that women are totally unfit to practice Medicine, then the best thing to do will be to let them try and fail. A practical test is worth any amount of theory. We do not pretend to give any prognosis as to the probable result of such a test, and we think students will do well if they leave the question to take care of itself. At any rate we do not choose to open our columns to any further debate on the subject; unless, indeed, the ladies choose to answer the letter which we publish. We, therefore, leave it to the *Students' Journal* to enjoy any pleasure that may be derived from trying to annoy those plucky ladies who have thus far overcome many serious obstacles that have been raised against them. And we would only express a sincere hope, that if the question is to be discussed in the columns of our contemporary, fair play will be allowed to both parties, even though it may please the Editor to "shout with the biggest crowd."

Want of space compels us to leave till next week the publication of the list of successful competitors for the Exhibitions, Medals and Prizes at the University of London.

A curious omission has occurred, as reported in the *Times* of Thursday last—wherever Guy's men have done well, it seems that the reporter forgot to add the name of the school; whereas in the list for the First M.B. Examination the name of the school from which the successful candidates hailed, is carefully inserted. We wonder where the reporter obtained his information!

CLINICAL LECTURES.

—o—

C. HILTON FAGGE, M.D., ON DISEASES OF THE CARDIAC VALVES.

Dr. Hilton Fagge began his clinical remarks on Diseases of the Valves, by referring to the comparatively recent period when they began to be understood. The first work that dealt systematically with the subject was that of Meckel, in 1756. In the Hunterian Museum is a capital specimen of aortic disease, put up by Hunter himself towards the latter part of the eighteenth century. All the reasoning, in explanation of the symptoms in this case, given by him then, holds good, even at the present time. Diseases of the valves may be considered as acute or recent, and chronic. In acute endocarditis the tissues swell, the blood-vessels become dilated, and the cells of their external tunic are said to multiply. The connective tissue becomes softened and crowded with cells, and then little elevations or granulations appear at certain fixed points, namely, just outside the meeting edges of the valves—on the ventricular surface of the aortic, and the auricular surface of the mitral. They are small elevations about the size of a pin's head, sometimes soft, sometimes hard and firm. If they undergo increase of size they may form corymbose vegetations; and then consist partly of lymph and partly of interstitial deposit. A further result of endocarditis is ulceration of the valves; this may cause rupture of the chordæ tendineæ, perforation of the valves, or the formation of an aneurismal pouch in the mitral valve by the ventricular surface becoming ulcerated through, and then dilatation of the other surface at the same spot. The margin of the aperture

of these aneurisms of valves sometimes becomes covered with granulations and so the sac is often closed. In endocarditis it sometimes happens that one valve, becoming diseased, and coming into contact with another portion of the endocardium, either on the wall of the heart, or on a neighbouring valve, sets up a similar inflammation from the constant friction; and thus may be produced ulceration and even perforation of a valve. This has happened in several instances. Dr. Hodgkin, of Guy's Hospital, was the first to point out this fact, and Dr. Moxon still more recently, and specimens put up by both observers are now in our Museum. No other writer is believed to have mentioned it. Chronic disease of the valves may either be the sequel of acute disease or chronic from its commencement. There is no relation between the pathological appearances of acute and chronic disease. Granulations and vegetations are short-lived, but occasionally they became calcified. When found in chronic disease, vegetations are nevertheless recent and due to supervention of acute change upon the chronic. With regard to the mitral valve, the changes are simple. The tissue of the valve becomes thickened, the chordæ grow together, and the aperture becomes contracted and funnel-shaped. In some cases there seem to be no chordæ at all. The contraction of the mitral orifice or stenosis, as it is called, sometimes reaches such a point that instead of allowing three fingers to pass through, as in its normal condition, it will scarcely allow the tip of the little finger to enter. The contracted aperture is usually not round, but semilunar in shape; or the margins may be almost straight, when it is called the "button-hole mitral." The best post-mortem proof that regurgitation existed is when the inner chordæ of the mitral are so lax as to allow of its edge being turned back into the auricle. These cases of primary regurgitation are rare; on an average we have at this Hospital two fatal cases a year. During the last six years the post-mortem records show sixty-seven cases of stenosis to twelve of regurgitation; out of these twelve six had the edge inverted. Mitral regurgitant disease is more frequently diagnosed during life than stenosis, but the post-mortem records show more cases of the latter than of the former. Almost all stenosed valves allow of regurgitation, although a regurgitant murmur often cannot be heard. Regurgitation may take place, also, from dilatation of the ventricle. In chronic aortic disease, the semilunar valves may become stretched so straight from contraction as not to be able to meet together in the centre. Sometimes one of the valves becomes elongated and bends down, flapping about in the current of blood, and so producing, by friction, local thickening, and opacity where it comes into contact with the neighbouring endocardium; or the valves themselves being healthy, the base of the aorta may be diseased and become so dilated that the valves cannot meet. In one case the valves were seen to be separated from each other to the extent of two lines, at their corners. The aortic valves sometimes become adherent and grow together, or they may undergo calcification, or they may become greatly thickened and puckered up. Dr. Fagge now referred to the much-discussed question—whether stenosed valves are due to congenital malformation or not. The view that they are is taken up by Drs. Peacock and Kelly, but is opposed by Dr. Fagge. Some of the facts of the case are as follows:—The right side of the heart is of more importance in intra-uterine life than the left, and in extra-uterine life the left side than the right. This fact serves somewhat to explain the more frequent occurrence of the diseases of the pulmonary valves in the fœtus than after birth. The tricuspid, however, is rarely diseased in the fœtus; therefore, the fact that the tricuspid and mitral are found diseased together in adults, is no proof that the two had been affected congenitally. When the aortic valves are found grown together, the appearance of these latter differs considerably from that presented by the congenital union of the pulmonary valves. In this latter case they appear as a dome-shaped vault, with a circular aperture in the centre, and with a smooth evenly-rounded edge, whereas the adherent valves of the aorta have an irregular orifice; instead of being smooth and even, they are generally thick, roughened, and distorted with nodular masses. When only two valves are united together, it is often found that they are not larger than the third free one, but equal to it in size. This fact is accounted for by the supposition that the two valves had become united in youth, and so as the patient grew up their development was retarded. One strong argument against the theory of the congenital origin of these diseases is that, according to Dr. Peacock, adhesion of the aortic valves is prevalent in 25 per cent. of all cases of aortic valvular disease. Dr. Peacock also states that the duration of life in cases which he regards as congenital is scarcely less than in those which he supposed to be due to acquired disease. These facts appear to tell powerfully against his opinions. The common causes of valvular disease are acute rheumatism, chorea, pyæmia. Up till the end of last century no connection was known to exist between acute rheumatism and heart disease. Now it is an everyday observation. The frequency with which endocarditis occurs in this disease is differently stated by various observers. M. Bouillaud, among the French—to whom belongs the honour of first observing the connection—puts it down as 86 per cent. of all cases of acute rheumatism, while Dr. Barclay made it out to be 46 per cent. The truth seems to be between the two, as is shown by our post-mortem examinations, which appears to afford only the means of arriving at an accurate conclusion. At this Hospital, out of twenty-two cases of rheumatic fever which terminated fatally by brain symptoms, eight only were found to have the valves healthy; all the others had them diseased. This makes the percentage to be 63. Chorea is another very common cause. Dr. Hughes collected, at this Hospital, fourteen fatal cases; twelve of these had the valves diseased, the mitral having been affected in ten instances, and the aortic valves being much less liable to suffer. It is doubtful whether endocarditis is equally frequent in non-fatal cases of chorea. Pyæmia produces similar pathological appearances to those found in acute rheumatism. In six years twelve fatal cases of pyæmia examined at this Hospital had the valves diseased. In all cases of long-standing heart disease you are liable to get acute disease set up. This should always be borne in mind when such cases come before you with the symptoms of acute disease. Pericarditis, also, is commonly set up in acute rheumatism, which in this respect differs from chorea, which is so prolific of endocardial mischief. Out of the twenty-two cases of fatal rheumatism mentioned above, sixteen had pericarditis; while out of the fourteen cases of chorea, only one was found to have had pericarditis.

H. G. HOWSE M.S., ON DISEASE OF THE KNEE-JOINT.

The case which formed the subject of the lecture was one of chronic disease of knee-joint occurring in a girl ten years old. Patient is described as a healthy-looking child, and was one of six children, all healthy.

Patient was admitted into No. 13, Martha Ward, on the

24th April, 1873. Six months before admission, on returning from a walk, she complained of pain in the left knee, she was put to bed and treated for rheumatism.

On admission, patient is described as lying in bed with left leg bent at right angles on the thigh, the left knee being swollen and the skin over it tender and hot. There was a prominent bulging on each side of ligamentum patellæ, with fluctuation from side to side; the leg was slightly rotated outwards. The shafts of bones from the joint did not appear thickened.

With regard to the pathology of knee-joint affections, Mr. Howse stated that pulpy disease was due to sub-acute inflammation of the tissues surrounding the joint, a kind of imperfect fibrous material being formed, more especially in connexion with the synovial membranes and ligaments. If a section of this pulpy material was examined under the microscope, it presented the appearance of fibres more or less perfect with pyoid cells and oat-shaped corpuscles lying amongst them, and this gave the idea of an attempt at the formation of ligamentous tissue. The extent of injury produced by this pulpy material depended greatly upon the structures into which it was exuded, and the treatment depended in a great measure on the structures involved. Sometimes only the synovial folds of the joint were affected, but at times the effusion of pulpy material extended some distance up into the periosteum covering the bone. If this were the case Mr. Howse was doubtful as to the value of excision, and thought that amputation would be the best treatment, especially in children. He doubted whether the term "ulceration of cartilage" was a good one. There were three described modes in which the little pits which constitute the so-called ulcers on the surface of the cartilage were formed. Articular cartilage was a non-vascular structure. In a diseased joint the articular bones were to a certain extent separated from each other, and from the ligaments by the increased effusion of the fluids. Bathed in this fluid fringes of pulpy material grew from the synovial membranes, &c.; these fringes were supplied with vessels and pressed upon the cartilages, and thus caused their absorption, in the same way as an aneurism caused the absorption of the structures in its way. He thought this mode of destruction of the cartilages occurred in a great number of cases, and in a section of a diseased joint a projection of one of these fringes might often be found with a hole in the cartilage corresponding to it. The second mode was from epiphysial ostitis. Inflammation sometimes took place on the surface of the epiphyses, beneath the cartilages, and here we should find granulations developed; these granulations, by their pressure, would cause absorption of the cartilages, and in section of a joint one would sometimes find a hole in the cartilage, with granulations to be seen in it springing from the surface of the bone, the granulations evidently having produced the hole. The third described mode was by inflammation of the cartilage and proliferation of its cells; these cells then underwent fatty degeneration, and finally solution, and in this way cavities were said to form on the surface. But with regard to this, although he had seen the production of the so-called ulcers in the first two described modes very many times, he had never had a case in which he could say, "this ulceration depends on disease in the cartilage itself." He thought that mistakes were often made with regard to disease of the cartilage by proliferation of its cells, from a want of examination of articular cartilages at different ages. On one occasion he had a case of diseased knee, in which he thought the diseased cartilages *were* produced by proliferation of the cells; when mounting the specimen, however, he took some healthy cartilage from the ankle joint, and when he examined both sections he could not tell one from the other. He next spoke of the peculiar deformity produced in this disease. It was the ligaments that kept the bones of the knee-joint in position; when, therefore, the ligaments became softened by disease, the muscles acting upon the joint pulled the bones out of place. In the knee-joint the bones became flexed, and the flexor muscles produced a dislocation backwards. The tibia also became rotated outwards; this was dependent on the ham-string muscles acting in an oblique direction. The backward dislocation gave rise to a forward projection of the end of the femur; and this forward projection was often mistaken by students for an enlargement of the epiphysis of the femur; this enlargement, however, was really present in but a few cases, the increase in size being only apparent.

If a diseased joint were kept at perfect rest and left to itself, nature would attempt a cure by destruction of the cartilages; the ends of the bones covered with granulations would then come in contact, fibrous material would be developed, and ankylosis would be the result. Years and years, however, might pass before this was completely effected, and it was frequently impossible to keep a limb in *perfect* rest for the time required. If, when the granulations were in contact, movement took place, blood became effused into the cavity, the granulation tissue and perhaps some particles of bone were ground off the surface of the epiphysis, and the result was that much *debris* accumulated in the cavity of the joint. This had either to be removed by absorption or else it gave rise to suppuration, the abscess burst and the *debris* was discharged in this way. But supposing an abscess *did* form connected with the interior of the joint, the risks became so considerable that very frequently the case ended by amputation of the limb. He, therefore, questioned the advisability of leaving things to nature. Mr. Howse then referred to a paragraph in *Guy's Hospital Gazette*, in which statistics had been quoted which were unfavourable to the operation of excision of the knee; he thought these statistics had been compiled from the results of operations performed on cases without selection, and that if fit cases were selected the results would be very different. He thought that antiseptics were most valuable in cases of excision of a joint. It was also very necessary that the ends of the bones should be kept in contact, and perfectly at rest after the operation of excision. He exhibited a splint for this purpose which possessed great advantages over the box splint, as the limb could be dressed without removal from the apparatus. It was of zinc, and had the sides cut away near the joint so that the dressings might be applied. Mr. Howse uses no pad to this splint, but covers it with a double layer of lint; this lint if wetted by effusion of blood or serum soon dries, and does not give rise to decomposition. With regard to the previous treatment of the child, the leg had been kept in a splint, in order to accustom it to be kept at rest. The general health being good, no treatment had been required in preparing for the operation. The class then adjourned to the Operating Theatre where the patient was being placed under chloroform. Mr. Howse then proceeded to excise the knee-joint. The operation was performed under the carbolic spray.

THE GOVENORS' DINNER was held last Wednesday evening. There were an unusually large number of guests assembled. Previous to the dinner the wards were visited by the Govenors.

MEDICAL WARDS.

The following cases were admitted from May 7 to May 14, 1873

BRIGHT (Clinical).

27—Fits
30—Skin Disease

ASTLEY COOPER (Clinical),

10—Ague
11—Dropsy
15—Opium Poisoning
16—Cerebral
14—Discharge of Pus—Probably from a Suppurating Hydatid of Liver

PETERSHAM.

1—Cerebral ?
4—Diarrhœa
7—Chronic Rheumatism
9—Carcinoma of Mediastinum
19—Dropsy
16—Gout—Albuminuria

STEPHEN.

6—Ascites—Albuminuria
33—Pain in Back and Loins

PHILIP.

8—Capillary Bronchitis
25—Renal Disease—Hæmaturia—Malignant?
27—Acute Rheumatism with Pericarditis
50—Rheumatism—Endocarditis

MARY.

10—Rupia Syphilitica
36—Hæmatocele
38—Carcinoma of Left Ovary

ADDISON.

9—Chorea
11—Spinal
30—Erysipelas
33—Albuminuria
34—Mitral Systolic Bruit
39—Gastralgia

SURGICAL WARDS.

We are indebted to Mr. V. Groves for the following report of a case of

DISLOCATION OF TIBIA AND FIBULA FORWARDS AT THE KNEE—REDUCTION.

T. M., æt., 23, was admitted into No. 30, Accident, on March 11, 1873.

Patient was suffering from injury to left leg. He stated that while standing in a barge unloading a vessel, his left knee being at the time bent, and the leg placed between two sacks of potatoes, another sackful weighing 120 lbs. fell on his thigh. He was at once brought into Guy's.

On admission, the left leg was fixed in a straight position, it being almost impossible to bend the knee, there were no bruises. Instead of the elevation caused by the patella, there was, just above the head of the tibia an unnatural depression, the outline of patella could scarcely be made out. Posteriorly the condyle of the femur projected plainly behind head of tibia. No pulsation could be detected in tibials, (as he complained of great pain in knee, an unsuccessful attempt was at once made to reduce the dislocation by means of extension.) Three hours after admission patient was fully put under chloroform, and the dislocation reduced by means of extension and counterextension, one assistant meanwhile endeavouring by manipulation to raise the condyle of femur, while he depressed the head of tibia, while another assistant was ready to compress the femoral should laceration of the popliteal have taken place. By these means the dislocation was easily reduced; pulsation returned immediately in the arteries of the foot, which by this time had become quite cold from arrest of circulation, and it was found that neither the patella was fractured nor the ligamentum patellæ ruptured, A backsplint with footpiece was applied, and an ice bag suspended over knee. Milk diet ordered.

March 12.—Patient complained of pain in the knee; there was some redness round the knee-joint which was a little swollen. Two more ice bags were ordered to be applied, one on either side of joint.

March 13—Redness had quite disappeared and there was no pain whatever. There was a slight pulpy swelling chiefly external to joint, there being a very slight effusion into knee.

From this time the patient went on uninterruptedly well. In the course of three or four days he was put on ordinary diet, and there was not a single bad symptom up to the 15th of April, when he was discharged cured.

The following cases were admitted from May 7 to May 17, 1873

ACCIDENT.

19—Fractured Ribs—General Contusions

CORNELIUS.

1—Fractured Patella
4—Crushed Pelvis
7—Crushed Hand—Amputation of Three Fingers
14—General Concussion
18—Fractured Fibula

NAAMAN.

2—Fracture of Middle Phalanx of Finger—Amputation
3—Epistaxis
10—Blow on Head—Fractured Skull
14—Injury to Testicle
19—Crushed Fingers—Amputation—Hæmorrhage

MARTHA.

4—Weak Ankles
8—Tumour in Axilla
20—Tumour in Breast
16½—Burn

LYDIA.

5—Acute Rheumatism
16—Tumour in Breast—Removal

LAZARUS.

15—Fistula in Ano
17—Stricture of Urethra
20—Hæmorrhoids

LUKE.

8—Fistula in Ano
17—Double Stricture of Urethra

DORCAS.

8—Nasal Polypus
9—Fracture of Thigh
11—Compound Comminuted Fracture of Leg—Scalp Wound
12—Injury to Head

CHARITY.

8—Ulcer of Leg
10—Varicose Ulcer of Leg

BARNABAS (Ophthalmic.)

11—Closed Pupil

RUTH (Ophthalmic).

28—Granulations with Panus
31—Corneo Iritis
45—Cataract

CORRESPONDENCE.

—o—

[*We do not hold ourselves responsible for any opinions expressed by our Correspondents.*]

WOMEN AND THE PROFESSION.

To the Editor.

Sir,—At last the long-discussed and interesting subject of "Women and the Profession" has found its way into our *Hospital Gazette*. Great thanks are due from all its readers to Miss Florence Fenwick Miller for her brilliant letter, which, although not containing one single argument in favour of her view of the question, will, by its withering sarcasm and overwhelming judgment of the writer of the article in the *Students' Journal*, afford all scope for criticism or even, I may say, ridicule.

After so much has been said worthy of attention by many ladies in favour of their admission into the profession, and so many arguments adduced by them which have been weighty and difficult to reply to, I think it is a great pity that one of the advocates should go so far as to allow sarcasm to supplant common sense and sound reasoning, and so leave the argument unanswered in any way. Much damage may accrue thus to the cause in question and that brought about by one of its most enthusiastic supporters.

Miss Miller says that "Women of the past and present times have proved their judgment and skill." However true this assertion may be it is certain that the former of the two qualities will soon become obsolete if they indulge in such effusions as the one in our last week's *Gazette*.

I cannot believe the whole of Miss Miller's letter to be a fair representation of her ideas on the subject, for is it not against the nature of woman to cry "Jubilate" at having rendered herself unworthy the love of one who could not appreciate women's taste for the disgusting grades that must necessarily be gone through in study before the requisite knowledge, for the practice of our art, be obtained? I say disgusting, because it has long since been written that in the study and practice of Medicine and Surgery there is much that is disgusting, but the object is divine.

Nowhere in the writings of our forefathers do we find the admission of women to our Profession advocated. Did Hippocrates, in his articles on the study and practice of Physic mention women as being fit for either? No, they were excluded. What in the Apocryphal writings do we find about it? There is no mention of women. Look to Ecclesiasticus xxxviii. There it says, "Honor the physician with the honor due to HIM," and, again, "The Lord hath given MEN skill."

To women belong all that is social and domestic? To her is entrusted the responsible duty of training and watching those of infancy and childhood. There is a much larger sphere of action open to them in paying attention to this than studying medicine, a sphere for which their kind and patient nature renders them fully befitted. I would not at the same time say that no women are fitted to undertake duties other than those, by common consent, consigned to them, still I would say that by a higher cultivation of those departments, which are exclusively hers, she would be in a far greater degree consulting the welfare of herself and society in general, instead of starting, through some blind infatuation, and desire for notoriety, upon a path so unfitted for her, and which is already overcrowded with men competing for success, and employing their whole time, and concentrating their energies, on the work of studying and perfecting their profession.

Miss Miller says—that to medical women marriage will cease to be a profession; I hold this to be a great insult to all ladies unassociated with her views, and a most surprising insinuation, especially surprising in that it comes from one who writes of women's skill and judgement, and I might go on to say, that if all men were of my opinion no Act of Parliament would be required to prohibit marriage of women either studying or practising physic.

I am, Sir,
Yours truly,
JOHN UTTING.

Guy's Hospital,
May 13, 1871.

A WORD OF ENCOURAGEMENT.

To the Editor.

Sir,—As an old Guy I cannot help feeling an interest in all that emanates from the Hospital.

When you sent me a number of the *Gazette* a month or more ago, I at once decided to send you a subscription to obtain the *Gazette* regularly. But having a rather large correspondence I read the number, laid it aside, and forgot my resolution till the number for May 3 arrived. Please accept this tardy acknowledgement, with which I enlose you a Post Office Order for half a year.

For the Students of a hospital to start journal to give a weekly account of what is done within the hospital is a bold and novel idea. But it shows something, in my opinion, far better than novelty; it shows a desire to keep the practice of the hospital up to the standard of modern science, and the absence of all fear of fair and generous criticism. Heartily, then, I wish your journal every success,

Faithfully yours,
W. HEMPSON DENHAM.

Southsea, Portsmouth,
May 6, 1873.

[We have chosen the above letter from amongst a number received from old Guy's men. And in publishing this, we take the opportunity of thanking those old Guy's men who have so kindly expressed their interest in *Guy's Hospital Gazette*. Such moral support greatly encourages us in our work.—ED. G. H. G.]

GENERAL NEWS.

—o—

OPERATIONS.

Tuesday, May 13, 1873.

Amputation at Shoulder Joint, by Mr. J. Cooper Forster.

The case was that of a boy who had a growth from the upper part of the humerus, which was evidently of a malignant nature. Mr. Cooper Forster thought that the best thing to be done was to amputate the shoulder joint; he therefore proceeded to perform the operation, cutting two flaps anterior and posterior. The vessels were controlled by pressure with a pad made by Mr. Davies Colley. A section of the growth shewed it to be soft cancer growing from the periosteum, and separating it from the bone, it had spread both inwards and outwards, involving the bone, and growing up under the deltoid muscle. The disease was confined to the shaft of the bone. Mr. Cooper Forster remarked that nothing short of the operation he had just performed would have done any good for the patient, even for a short time; what he had done gave the boy the best chance he had, and even that—considering the nature of the disease—was a poor one. Following the custom of the hospital he had twisted the axillary artery, and he mentioned a case in which Mr. Howse had twisted the external iliac with no more difficulty than he had had with the axillary.

Removal of Epithelioma from Tongue, by Mr. J. Cooper Forster

Ten months before the operation the patient had noticed what he called pimples, on the left side of the back part of the tongue. There was no history of syphilis. The growth had been enlarging ever since, and at the time of operation involved a great part of the back of the left side of the tongue. Though there would be considerable difficulty in getting at it without dividing the symphysis of the jaw, and cutting into the mouth, yet Mr. Forster thought it best to attempt to remove it without resorting to such severe measures. He proposed to hook the tongue as far forwards as possible, and then to get the wire of the galvanic cautery round the growth. There was no glandular enlargement, and therefore Mr. Forster thought that the case was one as favourable for operation as any of its kind. Seizing the tongue with a pair of forceps, and inserting a hook into the left side, it was drawn forcibly out of the mouth; a wire was then got round the growth and the current set up; the growth had not been completely divided before the first wire broke, so that another had to be applied.

Operation for Webbed Fingers, by Mr J. Cooper Forster.

This was a case of a boy who had three webs between four fingers. Mr. Foster remarked that there was only one way to treat these cases An opening must be established at the base before the web was divided, otherwise, however carefully the fingers were dressed, the webs would be sure to unite again. There was often considerable difficulty experienced in establishing an opening in these cases. As the galvanic cautery was in the room he would burn a piece out. He, therefore, proceeded to do so.

Removal of Tumour from Breast, by Mr. Bryant,

The tumour was supposed to be a cyst, with carcinoma growing in the cyst. There were several hard nodules to be felt in the tumour, and there was a discharge from the nipple which pointed to carcinoma. Mr Bryant made two elliptical incisions far away from the tumour, and removed it, together with the portions of the gland surrounding it. Curiously, there were no vessels requiring torsion.

Epithelioma of Tongue, Removal by Galvanic Cautery, by Mr. Bryant.

Patient, æt. 60, twelve months before operation noticed her tongue a little sore; has had bad teeth for years, and thinks that at the first a tooth irritated her tongue. There was no family history of cancer. Before operation there was a large ulcer with undurated edges, occupying most of the dorsum of the tongue, and extendiug as far back as could be seen. There was no enlargement of the glands. Mr. Bryant thought it was a most favourable case for operation. Mr, Bryant passed a stout needle, threaded with whipcord. through the tongue; by means of the whipcord he pulled two lengths of platinum wire through the tongue, with one of these lengths he cut sideways, and with the other he cut in the direction of the vertical axis of the tongue, thus removing the mass. There was no hæmorrhage after the operation.

Amputation through the Leg, by Mr. Durham,

The case was one of disease of the tarsal bones. On the 17th January last, Mr. Durham had cut down upon and removed the diseased bones. For some time the patient had progressed favourably, and there seemed every hope of her foot being saved, but the favourable progress ceased, and further destruction of bony tissue had taken place. Mr. Durham was therefore of opinion that amputation would be now the best treatment. He intended to saw through the bones in an oblique direction, having done so in a previous case with good results. The advantages gained by thus sawing the bone were threefold. Firstly, the flaps of skin could be brought much better over the oblique surface than they could be when the bone was sawn through in the ordinary way; in many cases much trouble had been caused by the pressure exercised on the flaps by the projecting edges of the bone. Secondly, unless the flaps were drawn very tightly over the edges of the bone, when sawn off in the ordinary way, there would always be a triangular hollow left between the flaps, in which air and blood would collect and lead to decomposition: this was not the case when the bone was sawn through in an oblique direction. Thirdly, in case of hæmorrhage from the bone, pressure could be much more readily applied to the end, when the bone had been sawn through obliquely. Mr. Durham then made an examination of the diseased parts, which confirmed his opinion as to the necessity for amputation; he, therefore, proceeded to make anterior and posterior rectangular flaps, and to saw through the bones in an oblique direction.

The following Guy's men passed their First College Examination last week.

Mr. Lawson
Mr. Pilling
Mr. Pinching
Mr. Jumeaux
Mr. Jackson
Mr, Vinter
Mr. Knight
Mr. Strover
Mr. Alexander
Mr. J. H, Palmer, Guy's and Birmingham

Two Cases of Poisoning—one by Opium and the other by Acetate of Lead, were admitted into Clinical Ward last week. We shall give further particulars in our next issue.

The Bible Class will meet next Thursday, the 22nd inst., at 6.15 p.m. at Hibernia Chambers, London Bridge. Subject—Jonah i. 4-16.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Member.

Anatomical and Physiological Examination.

May 10, 1873.

From 1 to 4 o'clock p.m.

Candidates *must* answer at least four out of the six questions. Answers to *less* than six questions will not be received before half-past 3 o'clock.

1. Describe the origin, course, and distribution of the Superior and Inferior Mesentric Arteries, and the Anastomoses they form.

2. Describe the arrangement of the Tubuli Uriniferi in the Cortical and in the Medullary portions of the Kidney. State how the Capillary Arteries and Veins are distributed in this organ. Give an Analysis of the Urine.

3. On removing the Trapezius Muscle, what are the Nerves, Arteries, and Muscles brought into view?

4. Describe the situation and structure of the Lachrymal Gland, its ducts, and where they open, the character and course of its secretion; and state where it enters the Nostril.

5. Name (without describing them) the several muscles attached to the different portions of the Inferior Maxilla; state by what Nerves these Muscles are supplied.

6. Describe the structure, secretion, and functions of the Pancreas.

APOTHECARIES' HALL.

The following questions formed part of the Pass Examination on Thursday, May 8th, 1873.

Medicine.

1. Give an account of a case of Erysipelas and its treatment.

2. What are the principal complications to be met with in Bright's Disease of the Kidney?

3. What are the principle Vesicular Eruptions of the Skin? Describe them, and give their treatment.

Pathology.

1. What are the chief pathological conditions to be met with in the Heart.

2. Name the various forms of disease in which electricity is used.

Midwifery.

1. In cases of Labour, when would you use the Forceps.

2. Give your treatment of a "Face" Presentation.

3. Describe a case of Puerperal Mania, with the treatment.

Forensic Medicine and Toxicology.

1. In a case of Cut Throat, how would you tell whether it was "Homicidal" or "Suicidal"?

2. What are the signs of recent Delivery?

3. What are the symptoms of a person who has Poisoned himself with Oxalic Acid? Give the Antidote.

4. How would you detect the presence of the following Poisons in the Body, viz.—Hydrocyanic Acid, Sulphuric Acid, Sulphate of Copper, and Belladonna.

CORRECTION.—In our report of the meeting of the Athletic Club Mr. Bell's name was published by mistake instead of Mr. Wells, who was elected secretary.

A NOVEL PROBANG.—An old Guy's man writes:—On Sunday, the 4th inst., being summoned to a man who was said to be choking, I went, but before my arrival at the man's house a neighbour had very ingeniously cut down a common candle from amongst several candles, and had well used the instrument up and down the œsophagus, when after a second or two, the candle being removed, and a blow given to the man in the back, the bone was expelled, some blood followed, but no further mischief resulted. The bone was very thin and jagged; it was about the size of a fourpenny piece, sufficiently large, however, to have caused almost suffocation.

RECEIVED—"The Students' Journal and Hospital Gazette."—"The Aberdeen Medical Student."—"The Medical Press and Circular."

NOTICE.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgement for the same.

Gentlemen at the Hospital are reminded that the new subscriptions are now due, and will greatly oblidge us by paying the same to one of the Editors as soon as possible. The subscription from May to the end of September will be 3s. 6d.

A RED CROSS on the wrapper means that the subscription is due.

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The lithographed edition of Mr. C.'s Analytical and Synoptical Tablets now embraces nearly the whole of Anatomy and Physiology, and Special Tablets on Comparative Anatomy and Development for the F.R.C.S. Examinations are in course of preparation. (For the printed Tablets, see above)

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ELECTROTYTIC TREATMENT OF WOUNDS.

By C. H. GOLDING BIRD.

Derangement of the molecules that compose a body, whether animal, vegetable or mineral, cannot take place, from any cause, without the development of Electricity, which may, if of sufficient intensity, be conveyed by suitable conductors ("Electrodes"), from the source whence it arose, and be made subservient to various ends. Every one in this Hospital is now familiar with the different modes of application of this conducted current for therapeutical purposes, whether applied to the patient *directly* (the "continuous current") or *indirectly* (the "induced current").

In either case, the electric force is generated by an "Electromotor" or battery in the construction, and *modus operandi* of which the patient bears no part, he appreciating simply the effect of the molecular disturbance of the contents of the battery-cell, conveyed to him by wires.

It was not until long after the value of electricity conducted to the patient as a therapeutic agent had been recognised, that the generation of the electric current by an electromotor, of which the patient himself formed part, was shown to be of any worth, and this in part by accident about thirty years ago.

A patient was at that time in this Hospital suffering from hemiplegia, and the upper extremity still remaining powerless, after the rest of the body had fairly recovered upon the application of Franklinic Electricity, the use of a continuous electric current generated in a battery, of which the patient formed part, was suggested and tried. Two blistered surfaces of small size were first formed on the arms, and the cuticle having been detached, a plate of silver was fastened over one raw surface, and a plate of zinc over the other; a layer of oil silk completed the necessary insulation, and a bandage fixed the plates in position; from each an insulated copper wire proceeded, between the turns of the bandage, and the extremities of these being twisted together, the process was finished. After having been retained in *situ* for some days, and with benefit as far as the paralysis was concerned, the plates were removed, when the sore over which the silver had been placed, was found healed, while that under zinc was covered by a thick white eschar, which, after the lapse of a few more days, aided by poultices, separated, leaving a healthy granulating ulcer behind.

It is with this last local action of the metallic plates that I am now concerned, as bearing upon the treatment of wounds, and of which the cases to be quoted are illustrations.

The chemical changes that take place in an ordinary one-fluid battery—such as Smee's—ought to be understood, that the phenomena above described may be in some degree, at least, appreciated.

If two plates of metal, one more oxidizable than the other—as zinc and silver—be placed apart in a vessel of weak sulphuric acid, and be then connected outside the fluid by means of a wire, chemical decomposition is at once set up, and an electric current generated. The sulphuric acid attacks the zinc, sulphate of zinc is formed, and hydrogen liberated at the silver plate, while at the same time an electric current is established, as the result of this molecular change, and passes in the fluid from the zinc, or electro-positive plate, to the silver or electro-negative one, and thence along the conducting wire back again to the zinc, and thus the circle is completed. Precisely similar changes occur in the living body, if we substitute for sulphuric acid, a solution of chloride of sodium (*i.e.* the serum of the blood). The chlorine combines with the zinc forming chloride of zinc, which immediately on its formation coagulates, and combines

with the albumen of the serum, causing the hard white eschar, above-mentioned, of albumino-chloride of zinc, while the sodium is liberated at the silver plate, but being incapable of a separate existence in the presence of oxygen, becomes converted immediately into the oxide of sodium or soda; an electric current passes also along to the tissues from the zinc to the silver, and back again along the connecting wire.

The rapidity with which the blistered surface under the silver plate healed, and the healthy discharging sore, formed by the zinc plate, suggested the use of the plates in the treatment of open wounds, as well as for the purpose of forming discharging surfaces, as counter irritants.

Cases were tried in this Hospital in support of the suggestion, and with the happiest results, though now the practice has fallen for many years into disuse. Desiring, however, to test its value three suitable cases were placed at my disposal by their respective dressers; and I propose to give briefly the reports of the cases, together with the results of of treatment. On every occasion, as far as possible, an observation was made with a galvanometer to determine the intensity of the current produced, while the instrument was of signal service in determining whether the plates were in position and in working order, without removal of the dressings.

For the benefit of any who may be induced to try this mode of treatment, I may state that though it is absolutely necessary to have some available means of determining the existence of the electric current, yet a galvanometer may be dispensed with, since if one of the conducting wires be placed above and the other below the tongue, the current, if present, is at once detected by a sour taste at the point of a positive electrode.

(To be Continued.)

CLINICAL LECTURES.

—o—

H. G. HOWSE, M.S. ON DISEASE OF THE HIP-JOINT.

Mr. Howse remarked that we could not expect to get all the facts connected with hip-joint disease in any single case. He had three cases of excision in the wards at present, and he should therefore describe the disease generally, only alluding to the patients, as they afforded illustration of the various points he was referring to. The pathology of pulpy disease of the hip-joint, was exactly the same as that of the knee-joint—the only difference that existed, being produced by the anatomical form of the joint. In hip-joint disease, as in disease of the knee, one of the first things that happened was the effusion of fluid, and the formation of vascular fringes of fibrous material. The fluid at first effused into the hip-joint was generally serous. When the joint was merely distended with fluid, the patient complained of pain on pressure over the joint or on moving it. It was most important that incipient disease of the hip-joint should be diagnosed early, as it was in the early stages of the disease that most could be done towards cure. It would be well, therefore, to consider what were the indications which we had to guide us at this stage. When a child was brought to us with suspected morbus coxæ we had the following points to attend to, viz., the *pain* complained of, the *position* of the limb, and its *movements*. With regard to the first, the greatest pain would be produced by pressure applied just where the femoral artery crosses over the joint, or, in other words, just about the middle of Poupart's ligament, because here the joint was nearest the surface. Pain would also be produced by pressure over the great trochanter, or by striking the patient's heel and thus jerking the head of the femur against the acetabulum; this last was a useful test, and sometimes served to indicate mischief, when pressure elsewhere failed. Pain in the knee, too, was one of the symptoms of hip-joint disease. It was not very long since this first became recognised as pathognomonic of hip-joint disease. To explain this our anatomy again helped us; the obturator nerve gave a branch to the hip, and also a filament to the knee; hence, by diffusion, the pain was often referred to the knee when the mischief was really situated in the hip. As regards the *position* of the limb, in the early stages of the disease the limb was not usually placed in an abnormal position, but was kept straight and rigid. Some writers had stated that it was rotated inwards, but Mr. Howse had been looking for this internal rotation very carefully amongst a great number of cases in the out-patient room, and had come to the conclusion that it rarely existed. Later on in the disease when the ligaments were becoming softened there was a rotation outwards, and this might be easily explained if we would consider the muscles attached to the joint; the external rotators of the limb being by far the most powerful, and the internal rotators comparatively weak; the anterior fibres of the gluteus medius and the tensor vaginæ femoris might be said to be the most important, while there were the gluteus maximus, psoas and iliacus, the obturator internus and externus, the adductor muscles in the thigh, &c., all acting as external rotators. Thus the anatomy of the joint would explain this external rotation. The limb too became flexed forward in a great number of cases; this also was explicable on anatomical grounds, as, when the thigh became flexed from any accidental cause, the flexor muscles would act to much greater mechanical advantage than the extensor. Lastly the limb became shortened. Students sometimes when they heard of the hip-joint being dislocated by disease expected to find that the head of the femur had slipped up on the dorsum ilii, as would be the case in dislocation from an accident. This was a great mistake, the dislocation being the result of absorption of the head of the femur, so instead of the head of the femur, it is the great trochanter that is drawn on to the dorsum ilii, the head of the femur often remaining in the acetabulum; for most of these cases occurred in children when bony union had not been effected between the head of the femur and the shaft. The cartilage forming the juncture would become eroded when the joint was full of pus or serum, and thus, the head being disconnected from the rest of the bone, dislocation was the result. The shape of the normal articular surfaces was such, that it was almost physically impossible that dislocation should occur without some very severe accident, the bones locking into each other so effectually. But in cases of morbus coxæ dislocation often took place without any accident at all, the limb becoming gradually more and more shortened. This alone would indicate that its pathology was very different to ordinary cases of dislocation. The third thing we had to

attend to was the extent of *movement* in the joint. This was nearly always limited, though at first sight it often appeared that it was equally free on both sides. It would be found, however, on careful examination that the pelvis moved with the femur in most of these cases. The muscles became rigid in order to keep the parts at rest; this was a very valuable indication. Disease sometimes commenced in the bones in the form of epiphysial ostitis, the pyoid cells in the cancellous spaces underwent fatty and often complete caseous degeneration, and this gave rise to the appearance of whitish patches in the red bone, when a section of the joint had been cut. It had often been stated that tubercle of the bone did not exist, but Mr. Howse thought this state allied to that found in lung, &c., and that it might fairly be considered as such. These cases were not so painful in his experience as those which commenced in the synovial membrane. With regard to treatment, a long side splint should be applied, the end of the splint reaching up to the axilla. If some treatment of this kind was not carried out, and the child left to run about, a peculiar deformity would be the result. A large amount of lordosis was often present in hip-joint disease, giving rise to suspicion of disease of the spine; this existed most frequently in those cases in which the synovial membrane was first affected; it was produced by the attempts of the patient to prevent pressure on the head of the femur. If this lordosis comes on while a patient is kept at perfect rest, it is an indication that the disease is spreading in extent, and that operative interference will probably be required. If things went on from bad to worse and abscesses formed about the hip; what was to be done? "Keep it at rest and open the abscess," was a saying that used often to be repeated. But the abscesses would go on forming one after another, he might say by dozens. In such a case excision would be the best treatment. The hip-joint was so thickly surrounded by muscles, fasciæ, &c., that its contents could not be easily evacuated, and thus the *debris* in the diseased joint did not readily find its way out. Excision of the hip once was considered a very formidable operation; the risks, however, were not nearly so great as supposed; of all the cases that Mr. Howse had met with he had only seen one or two deaths, and these occurred in cases that were very far gone before they were operated on. With regard to the operation, Mr. Howse thinks the best incision to be a vertical one made over the great trochanter, commencing about 2½ inches below and passing to a point about 1½ inch above the trochanter; the first incision should reach down to the bone; the muscles should then be cut away from the trochanter major and the capsular ligament divided. If the limb be then forcibly adducted and rotated, the head of the bone will be pushed out of the wound, and the great difficulty of the operation overcome. The next question which arises is—how much is to be cut off? Mr. Howse—for definite reasons—always cuts off the head and great trochanter, *leaving the lesser trochanter;* the muscles attached to the lesser trochanter pull upon the bone and keep it in its place. But why should the great trochanter be removed in cases in which it is not diseased? Experience proves that cases in which it has been, left have not done well. Mr. Howse thinks, that this is because one of the great benefits of excision of the hip, is the free opening which is established by it, and if the great trochanter is not removed, such a free opening is not obtained.

The Medical Students of Grant College, Bombay—following the example first set by us—have started a journal, entitled "The Grant College Students' Journal." We wish he undertaking every success.

MEDICAL WARDS.

—o—

We are indebted to Mr. H. N. Smith for the following report of

A CASE OF TYPHOID FEVER.

E. W., æt. 30, was admitted into No. 6, Petersham Ward, on the 16th April, 1873.

Family History—Father and mother living, healthy; six brothers and sisters living, healthy; one brother and one sister died in decline; one sister died of inflammation of the bowels; one sister died in infancy from a gathering in her throat.

Personal History—Occupied as cook in a ladies' school, unmarried, always healthy, never any severe illness. Had measles when young, and small-pox very mildly ten years ago; did not have to keep her bed for the latter illness, and was well in five days. Catamenia regular, but always attended with great pain for the first twenty-four hours.

Present Illness—For about six months she has been subject to occasional pain at the epigastrium, worse after food, lasting half an hour or an hour, for which she used to take a little ginger with relief. One day about a fortnight ago (she does not remember the exact day), while in her kitchen, she began to feel very unwell, suffering from headache over the forehead, vertex, and occipital regions; backache, and in fact general aching all over her, sickness, heat and thirst; lost her appetite and could not sleep; diarrhœa set in and the abdomen became tender and painful; no shivering. She got alternately better and worse, and did not lie up till, on the afternoon of the 11th instant, after cooking the dinner (2 p.m.) she fell down on the floor through weakness, and was carried off to bed; she complained of the same symptoms, only in an aggravated degree; the headache was distracting. The following day a medical man saw her and ordered some medicine which lessened the diarrhœa. Getting weaker and worse she was advised to come to Guy's and was brought here in a cab about 8 p.m., on the 16th inst. Previous to starting some brandy was administered, which was, however, brought up on the journey. For three days before admission she had not retained anything on her stomach, and had been unable to sleep for the whole fortnight. A week before the commencement of her illness catamenia appeared, and have continued ever since (*i.e.* for three weeks). Has had no trouble attending micturition. Just after admission she was slightly delirius for a short time. Patient says there was not any illness in her neighbourhood, and that the water was pure and drainage good; no bad smells about. When the House-Physician saw her about 10 p.m, he found—temp. 102·2, pulse 100, resp. 28, no rash, tongue moist and red, no delirium, no pain, decubitus lateral, bowels had been open four times during the day.

Present Condition (April 17, 11.30 a.m.).—Sallow cheeks, rather congested, dark under the eyes; dull lack-lustre appearance, devoid of expression. Aches all over, but no definite pain. No special decubitus. No tenderness. Pretty lively and talkative, but quite clear. She seems in great dread of having to undergo some operation. Has had some milk and barley water since admission, and retained them. No headache, no cough. Bowels not open since admission, as she is not used to the bed-pan. Urine sp. gr. 1013, acid, albuminous (she is menstruating). Tongue moist and red anteriorly, coated posteriorly with yellow white fur. Feels

very weak, and complains of thirst. She prefers beef-tea and toast and water to milk and barleywater, as the latter clogs her throat she finds. There are three faint rose spots on abdomen, fading on pressure. A few small scattered pustules on chest, apparently of the nature of sudamina. Heart sounds healthy. A good deal of wheezing over right side of chest in front, very little on left side. Temp. 103, pulse 100, rather hard, resp. 30. 5 p.m.—She is more depressed. Lips parched. Tongue red and dry. Bowels not open. No vomiting since admission. No pain. Feels very tired and weak. Temp. 103·4, pulse 100, resp. 36. 10 p.m. —Temp. 101·5. pulse 104, resp. 32. Bowels twice open. No delirium. No pain. Tongue red at middle and edges. Has been sick.

April 18.—11 a.m.—No pain nor tenderness, but feels very weak. Quite clear in the head. No sleep. Very thirsty, lips and throat parched. Skin hot and dry. Tongue red, dry, and corrugated. Bowels open two or three times last night, and two or three times since; motions loose, dark. No more sickness. Temp. 102·9, pulse 100, soft, resp. 38. Spots on abdomen fading. There are three or four other small and faint ones which yield to pressure, but are not very definite nor distinct. Dr. Moxon does not think they are real typhoid spots, but of the nature of acne. Dr. Moxon saw her this afternoon, and found some puffiness of the feet, with the fine vessels all red (indicating paralysis of the superficial vessels). Abdomen tumid, puffy (meteorism). Slight gurgling felt in right iliac region. No tenderness. Liver rather large. Spleen very long. *Auscultation.*—Heart's apex beats in the natural place; sounds short, 1st reduplicated a little. A good deal of choking of left base; air enters feebly unless she breathes deeply; a lot of wheezing and a slight crackle. Resonance good. Right base better; resonance good. Over middle lobe of right lung there is some capillary bronchitis, fine crackling, like consonating rales, being inaudible, and at first giving the impression of pneumonia. 5 p.m.—Temp. 104·1, pulse 124, resp. 40. Ordered Ammon. Carb. 5 grs., Inf. Serpentariæ 1oz. p.r.n., wine 6oz., beef tea, milk, broth, 2 eggs. Has just been very sick after some wine (given shortly after tea.) 10 p.m.—Temp. 102·7, pulse 112, resp. 44. Tongue dry, hard, fissured, not glazed.

April 19—Temp. 102·3, pulse 108, resp. 40. Bowels open last night and twice this morning; motions light yellow. She feels very weak and low, very thirsty. Tongue hard, dry, fissured and corrugated. A patch of sordes at the tip. Black dry sordes on lips and teeth. No delirium, no more vomiting; no pain or tenderness, slight gurgling still felt on right side of abdomen. Last night she had pain all over her, nowhere in particular; suffered much from thirst, no sleep. 6.30 p.m.—Temp. 103.6, pulse 116, rather hard, resp. 41. No pain, no delirium; but she is very low and depressed, lies low in bed on her back; complains much of dryness and clogging of her throat. Skin hot, dry. Tongue with a broad dirty blackish-brown streak down the centre, partly due to sordes; white and moist at edges. Bowels open once this afternoon, motion loose, light yellow, containing a mass apparently of clot or slough, about 1 inch long, and from $\frac{1}{4}$ inch to $\frac{1}{2}$ inch broad, about $\frac{1}{8}$ inch thick, red on one side and black on the other, and pretty tough. The House Physician examined it, and found that it was undoubtedly a slough from a Peyer's patch. 10 p.m.—Temp. 102·5, pulse 120, resp. 44. Tongue the same; no sleep, no delirium or pain, decubitus dorsal; out of spirits; says she will die.

April 20—11.30 a.m.—Temp. 101·5, pulse 120, resp. 46. Urine sp. gr. 1010, acid, albuminous. Bowels open four times in the night, and once this morning. Tongue as yesterday; mouth and fauces clogged with sticky sordes She says she feels quite well but for her throat, which seems blocked up; deglutition difficult and painful. Breath has a disagreeable sweetish odour. Eyes rather blood-shot, distressed by want of sleep. She takes her nourishment well. In the night when the House Physician saw her, she was delirious. Temp. 101·5, pulse 116, resp. 40.

April 21—After 7 p.m. last evening she was delirious, trying to get out of bed. Passed everything under her. This morning at seven o'clock, she did not know the nurse for a minute or two. Bowels open three times in the night and once this morning; the last motion of a darker colour than before, loose, slight trace of blood. 12 a.m.—Temp. 102·5, pulse 136, resp. 50. Tongue as before, brown and dry in the centre, white and moist at edges. Roof of the mouth still covered with sordes; nurse cleaned the tongue this morning with lint and warm water. No pain or tenderness, no definite rash. Breathing hurried, gurgling. House-Physician found that there was fine crepitation on both sides of the chest, and perhaps a rub on the left side. No trace of bed-sore; she lies on her back, and sinks down in the bed. The catamenia ceased on the 19th. 5 p.m.—Early this morning she was observed by the sister and nurse of the ward to turn very pale and livid. At about 4.15 she suddenly cried out for brandy, saying it was the only thing that would save her life, and tried to get out of bed to procure some. On some brandy being brought to her she drank it eagerly, and within a quarter of an hour took 5 or 6 ounces with water; after this she sank back, and has not spoken since. Her breathing is now laboured, hurried and rattling (46 per minute,) nostrils dilate markedly with each inspiration, inspiration performed with a hissing noise through the mouth, a moaning sound accompanying expiration. Pulse 170, resp. 46. She passes everything under her. Eyes half closed, but now and then opened for an instant. Complexion very dusky and livid. She lies more on her left side, but does not keep in one position long; draws up her knees, and moves her arms, grasping at anything that is in her reach, occasionally. She died quietly at about 8.30., without having spoken.

Sec : Cad :—Cervical glands not enlarged.

Pleuræ healthy, both lungs gorged with blood, the tissue anteriorly and posteriorly being crepitant, while that in the centre was tender, deep red, and airless, sinking in water, the bronchia contained a good deal of frothy and somewhat sticky mucus. Mucus membrane of trachea congested. Mediastinal glands swollen and soft.

Heart weighed 9ozs.; feeble in development, contained fluid blood in both sides. Cavities and valves quite healthy. Muscular fibre somewhat pale and yellowish, and macerated in appearance. No distinct fatty striations were noticed in the muscular fibre itself.

Peritoneum shining and not inflamed; over certain spots in the intestine its vessels were injected slightly. At one spot near the end of the ilium it formed the base of an ulcer. A small petechial spot in one place of the stomach. Mucous membrane sound and good.

Intestines—One Peyer's patch, the highest of all, was found healthy, but with vessels well marked; all the rest, and many solitary glands were effected. About five feet from the lower end of the ilium, the solitary glands were tumid and globose, the patches elevated and keloid like. A little lower down the surface of many was reticulated with little pits. Near the valve they were sloughing; one ulcer only extended through all the coats except the peritoneal, and was 2in. long. It corresponded in size and shape to the slough passed before death. Glands of appendix healthy.

In the cœcum the solitary glands were tumid, and in nine or ten instances the centre presented a minute slough, extending down to the submucous tissue.

Liver quite small, firm, hard, not fatty nor lardaceous.

Mesenteric glands swollen and soft.

Spleen 10 ozs., firm.

Kidney 9½ ozs., anœmic, in appearance healthy.

Mucous lining of bladder lacerable ; contents of bladder purulent; base intensely congested.

We are indebted to Mr. Henry Ashby for the following notes of a case of

OPIUM POISONING—ALBUMINURIA—PNEUMONIA RIGHT LUNG.

J. T. B., was admitted into No. 15, Clinical Ward, on May 14, 1873.

Patient has served in the Army in India for fifteen years, during which time he drank spirits freely. Of late he has slept very badly at nights from the combined effects of worry, anxiety, and drink. On the evening of the 13th, wishing to have a long night's rest, and having been in the habit of taking 60 or 80 minim doses of opium to procure sleep, he took about 3drs. Tr. Opii, and this not having its desired effect in a short time he followed it up by a second dose, making in all nearly 1 oz. Next morning his landlady found him insensible in bed. She sent for his friends and a doctor. He was roused sufficiently to say laudanum, but does not remember anything about it. He was removed to the Hospital in a cab.

On admission, Patient was pulseless, cold, collapsed, with relaxed muscles. Breathing slowly, rales heard over his chest, and pupils minutely contracted, and livid countenance. He presented the appearance of a dying man. The stomach pump was freely used, although nineteen or twenty hours had elapsed since taking the opium. Hot coffee administered and $\frac{1}{100}$ gr. of atropine injected hypodermically. He was placed in bed, and means taken to try and rouse him. He has some misty recollection of the cab and stomach pump. The House-physician thinks an improvement followed the injection of atropine.

May 15—Feels drowsy and sleeps a good deal, but seems rational. Pupils somewhat contracted; complains of pain over the stomach, increased by pressure, is very thirsty, tongue white. Pulse weak 100, temp. 29. Urine slightly albuminous, numerous granular casts. Pil. Colocynth and Calomel.

May 19—Seems to have got a bad cold, voice husky and thick. Tongue covered with yellow crusts. Has not much appetite, but is thirsty. Temp. 109·2, pulse 120, resp. 40. Passes his urine and motions into the bed. Does not seem quite himself.

May 20—Yellow scales on tongue; feels weak, cannot raise himself in bed. There is crepitation at the base of right lung behind. No expectoration, not much pain in chest. Is very thirsty, not much appetite. Temp 100·6, pulse 98, resp. 36.

The following cases were admitted from May 14 to May 21, 1873

BRIGHT (Clinical),

20—Fits

ASTLEY COOPER (Clinical),

1—Paralysis
3—Aneurism
4—Hydatid
9—Heart Disease
40—Rheumatism

PETERSHAM.

No new csses.

STEPHEN

1—Spinal (?)
13—Eczema
18—Morbus Cordis—Mitral
22—Bronchitis and Albuminuria
25—Pneumonia
28—Hepatitis
31—Aortic Disease
45—Phthisis

PHILIP.

21—Gastric Ulcer
25—Ague
22—Ague
38—Phthisis
39—Dyspepsia
49—Rheumatism

MARY.

19—Hysteria
19—Subacute Rheumatism

Several other new cases were admitted, but we were unable to obtain the diagnoses.

ADDISON.

3—Disease of Stomach
29—Phthisis
35—Mitral Disease
21—Fits

SURGICAL WARDS.

—o—

The following cases were admitted from May 14 to May 21, 1873

ACCIDENT.

4—Pott's Fracture
6—Fracture of Tibia and Fibula
12—Fracture of Tibia and Fibula
14—Concussion—Injury to Face
17—Fracture of Lower Angle of Scapula—Injuries to Forearm and Ankle
16—Injury to Sternum
21—Concussion of Brain
24—Fracture of Fibula
25—Extravasation of Urine
26—Concussion of Brain
27—Fracture of Tibia and Fibula

CORNELIUS.

4—Injury to Pelvis—Hæmorrhage from Urethra

NAAMAN.

1—Tumour of Upper Jaw
17—Old Dislocation of Hip

MARTHA.

2—Enlarged Gland in Neck—Amenorrhœa
4—Wound over Knee
9—Ulcer of Leg
10—Epithelioma
11—Sprained Ankle

LYDIA.

2—Caries of Cervical Vertebræ ?

LUKE.

11—Stone in Bladder—Enlarged Prostate
19—Old Amputation of Toe—Necrosis

DORCAS.

7—Hip-joint Disease
10—Bronchocele

CHARITY.

4—Double Femoral Hernia—Irriducible on Left Side
9—Extra Capsular Fracture of Femur
10—Injury to Knee-joint

LAZARUS.

4—Thecal Abscess
7—Stricture of Urethra
14—Rupture of Plantaris Tendon (?)
16—Stricture of Urethra
11—Strangulated Inguinal Hernia

JOB.

3—Ulcer on Foot
19—Ulcer on Foot After Scald
21—Hydrocele

BARNABAS (Ophthalmic.)

No admission.

RUTH (Ophthalmic).

27—Glaucoma
37—Closed Pupils with Glaucoma
38—Cataract
39—Cataract
43—Cataract

ATHLETICS.

—o—

A general meeting of the United Hospitals' Athletic Club was held at King's College, on Monday, May 19th. J. H. Morgan, Esq., (the treasurer) in the chair.

The accounts were audited by H. R. O. Cross (King's), and F. J. Elliott (Guy's). Balance in hand, £2.

It was decided that the Sports should take place at Lillie Bridge, on Monday, June 23, 1873.

It was carried *nem. con.* that there should be a Strangers Race, (one mile handicap) as usual, without an entrance fee.

Mr. Morgan resigned and refused to hold office again, but owing to the Secretary being absent and so few Hospitals being represented, it was thought advisable to wait until the next meeting before electing a new Treasurer and Secretary.

The next meeting will be held at King's College, on Friday, May 23, at 7.30 p.m.

CRICKET.

FIRST ELEVEN v. THE NEXT FIFTEEN.

This, the opening match of the club, was played at Ladywell on the 7th of May. The Fifteen took the wickets first, and were out for a total of 48. The Eleven who were one short, made 63, thus winning the match by 15. Rain prevented more than one innings each being played. Annexed is the score :—

THE NEXT FIFTEEN.

Gray, c and b Power	5
Smart, b Whitington	2
Kidd, c Nunn b Whitington	0
Wallis, b Whitington	0
Phelps, b Power	0
Green, b Power	4
Stevenson, b Wilkins	14
Dunlop, b Power	0
Stillwell, b Whitington	3
Poland, b Whitington	0
Lacy, c Hetley, b Whitington	5
Cock, run out	0
Gardener, b Whitington	0
Waddington, run out	0
Jumeaux, not out	0
Byes, 7; leg-bye, 4, wides, 4	15
	48

THE FIRST ELEVEN.

J. T. Carey, b Wallis	24
A. Edensor, b Wallis	3
R. S. Robson, b Wallis	5
G. Power, b Kidd	0
H. Hetley, b Wallis	0
E. C. Whitington, run out	5
C. Seymour, b Wallis	6
A. T. Nunn, not out	10
T. S. Wilkins, c Stevenson, b Kidd	2
F. Seymour, c Stevenson, b Wallis	0
Extras, byes 7, wide-balls 1	8
	63

SURREY CLUB v. GUY'S HOSPITAL.

This annual match was played at the Oval as usual, on May 14th. It was a dull and bitterly cold day, anything but the weather a cricketer would have chosen to play in. Owing to the match being played so early in the season, the Guy's men were hardly in such good practice as they ought to have been to play such a formidable club, and although their batting and fielding, especially the fielding of Carey at long leg, were good, their bowling was not up to the mark. Time not allowing the match to be played out, it was decided in favour of the Surrey Club on the first innings by 60 runs.

GUY'S 1st Innings.		GUY'S 2nd Innings.	
J. T. Carey, c subst. (Freeman) b Boult	3		
W. Gray, b Boult	0		
A. E. Edensor, run out	21		
W. Kidd, b Boult	3		
G. Power, b Boult	28		
E. S. Robson, b Boult	14		
H. Hawkins, b Roberts	37		
A. T. Nunn, b Boult	2	c Huggins, b Burls	10
H. Hetley, b Burls	19		
W. Phelps, b Boult	2	b Canney	24
P. Wallis, not out	2	not out	21
Extras; byes 16, w.b., 1 n. b. 1	18	Extras; Byes	3
	149		51

SURRY CLUB 1st Innings,

R. James, c Hetley, b Power	13
F. F. Welman, b Nunn	38
T. G. Cole, c Hetley, b Power	47
J. H. Jupp, c Hawkins, b Power	0
C. W. Burls, c Gray, b Power	36
C. H. Boult run out	11
H. K. Avery,	7
Sir. R. Roberts, c Kidd, b Edensor	10
G. Huggins, not out	2
R. Canney, b Edensor	0
Fowler, b Edensor	6
Extras; byes, 21, l. b., 8, w. b., 10	39
	209

CITY WANDERERS v. GUY'S HOSPITAL.

Played at Catford Bridge, on Saturday, May 17th, in such bad weather that they were unable to finish one innings apiece—Score :—

CITY WANDERERS, 1st Innings

Cole, b Seymour	39
Joyce, c subst. b. Wallis	17
Whitley, c Wallis, b Seymour	5
Dickson, b Hawkins	26
Baker, c Carey b Edensor	4
Mack, b Hawkins	1
Tomlinson, b Hawkins	0
W. C. Church, not out	7
Ford, run out	2
McKinnon, b Hawkins	0
Dr. Payne. run out	1
Extras, b 8, w b 7	15
	117

GUY'S 1st Innings.

J. T. Carey, not out	6
E. S. Robson, c and b Church	3
A. E. Edensor, not out	13
Extras; Byes	2
	24

GUY'S v. ST. THOMAS'.

Guy's 1st innings, 156; St. Thomas' 1st innings, 18, 2nd innings, 34. Total 52. Full score next week.

To-day, Guy's play University at Holloway.

Next Tuesday, at Ladywell, against Lewisham.

Next Saturday, at the Crystal Palace, against the Crystal Palace Club.

GENERAL NEWS.

—o—

OPERATION.

Tuesday, May 20, 1873.

Removal of Tumour from Breast, by Mr. Birkett.

Mr. Birkett, making two ellipitical incisions around the growth, removed it entire, with the surrounding breast tissue; he also traced out and removed a lymphatic vessel and gland that appeared to be implicated in the disease. The cystic character of the growth was very apparent after its removal, and on section it was found to consist of a cyst containing carcinoma. Mr. Birkett remarked that in these cases the tumour usually had a large base. A true predunculated growth in the breast being generally innocent, he thought this might be laid down as a rule, though a case had lately occurred in which a predunculated tumour of the breast which he removed had presented the character of carcinoma. He was inclined to believe, however, that this had been a case of compound growth, party innocent and partly carcinomatous.

THE NOTICE BOARD

F.R.C.S. Pass Examination, May, 1873.

Mr. Rendle will give a Clinical Demonstration daily, at 11 a.m., for the above Examination.

Gentlemen wishing to attend, should meet in the Surgical Registrar's Room, at 11 a.m., on Monday, May 26th.

There are several Vacancies for Extern Obstetric Attendants ror the month of June.

Gentlemen desirous of obtaining the Appointments, are requested to to make immediate application to Mr. Stocker, at Guy's Hospital.

May 23, 1873.

THE LATE EMPEROR NAPOLEON.—On Tuesday last week, Dr. Conneau and Dr. Baron Corvisart, waited upon Sir William Gull, and presented him, on the part of the Empress Eugenie, with a costly gold box, bearing the Imperial cipher in diamonds. This memento, presented by the Empress through Sir William Gull's French colleagues in recognition of his services, is all the more precious because the box contains a pair of sleeve-links worn by the late Emperor Napoleon.—*Times.*

RECEIVED—"The Medical Record."—"The Medical Press and Circular."

NOTICE.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgement for the same.

Gentlemen at the Hospital are reminded that the new subscriptions are now due, and will greatly oblidge us by paying the same to one of the Editors as soon as possible. The subscription from May to the end of September will be 3s. 6d.

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Guy's Hospital Gazette.

VOL. II.—NO. 6. SATURDAY, JUNE 7, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

ELECTROLYTIC TREATMENT OF WOUNDS.

BY C. H. GOLDING BIRD.

(*Concluded from Page* 35.)

The *rationale* of the process of disintegration that occurs beneath the zinc plate is far easier understood than that of healing under the silver plate. Chloride of zinc, a powerful escharotic is formed, as explained above, under the zinc, and by its caustic properties completely destroys the vitalityof the parts with which it is brought into contact. The comparative absence of pain which accompanies the process seems to be due not only to its slow action, because developed gradually, but to its operation in a *nascent* condition. The sores left by it in all three cases, after the separation of the eschar healed with marvellous rapidity, considering the depth that had to be filled by granulation for the subcutaneous areolar tissue was in every case reached. The surrounding parts throughout were hot, tender and inflamed, and the skin over them of a deep purple red colour for some distance round. In Case III. especially, the appearance was anything but promising at one time, and deep-seated suppuration was reasonably feared, but all subsided most favourably under warm applications and fomentations. It is not clear why the inflammation from the zinc sore should have reached such a pitch in the last case, unless the rather longer application of the plate than in the other two cases will account for it; if this be true 96 hours would seem to be the limit of time for the use of the zinc plate over the same surface.

At the silver plate sodium (converted immediately into its oxide) is formed, but what we know of the topical therapeutic action of soda fails to explain its apparently healing virtues in these cases. Most probably, the electric current generated is here the true remedial agent, for determination of blood to the surface covered by the silver is observed both in the healing that results, and that cannot take place without it, and in the sanguineous state of the discharge. The use of the electric current, static or dynamic, applied to to the cutaneous surface is always followed by a blush, and sometimes by a rash, the appearance of which depends upon the potentiality of the electricity and the time of its application. In the case of hemiplegia referred to before, spasmodic muscular action was found to follow the application of the plates; nothing of the kind was seen in the cases given, and the only approach to anything like a manifestation of the passage of an electric current, appreciable to the patient was the tingling at times experienced beneath the silver plate.

The limit of time for the continuance of the plates is not only determined by degree of inflammation excited, and the pain that it causes, but by the thickness and dryness of the eschar that is formed. In Case II. no current was perceptible on the fouth day, the zinc remaining on the original scab; but when removed to a freshly-blistered surface a current was at once developed. The formation, then, of the eschar, both as regards the patient's well-being and the continuance of the current, is highly objectionable and a great drawback to the more general use of electrolysis in treating ulcers; but I do not know how it can be avoided. It has been suggested that a piece of lint steeped in strong salt and water, and placed between the zinc plate and the skin, the latter being softened by bathing, would be sufficient, but the trial of it in Case III. has proved its uselessness. No current whatever could be detected, and by the differential mode of investigation adopted, the zinc and not the silver plate was proved to be the one at fault. Equally useless is the placing of the zinc upon the skin directly, even though soaked previously in salt and water.

The electrodes may be either soldered or simply hooked

into holes in the plates, but both must be absolutely clean. The silver plate, made of ordinary silver foil, should be a little larger than the ulcer and be so adjusted, either by bending or by pads of lint upon it, that its surface is in contact with every point of the surface it is designed to cover; the zinc one should be only of the exact size required, for wherever it touches the exposed cutis its caustic action follows. It is a good plan, as the blister generally rises somewhat irregularly, however, skilfully the blistering fluid may have been painted on, to lay over the surface a piece of gutta percha tissue perforated with a hole the size of a sixpence. Over this the zinc foil is then placed and pressed firmly down into the skin by means of strapping. The plates are best placed at a distance of a few inches from each other, for the farther apart they are the weaker is the electric current. The range of application of this electrolytic treatment is wide, and would be still more so, could the difficulty about the sore under the zinc be got over; as it is, however, the value of the use of the silver plate must be in every case balanced against the disadvantage of having to create a fresh, open surface, with its accompanying risks and annoyances. If an ulcer, for instance, indolent on the surface, with hard edges, and with no appearance of skinning, have run the gauntlet of the various recognised forms of treatment—even to transplantation—without benefit, then one would be fully justified in using the plates, though opening a fresh sore, with the more reasonable hope of a successful issue. The intractable ulcers resulting from burns, when other means have been tried might be found amenable to this mode of treatment, and the raw,red,unhealing surface so often seen in these cases become a healthy, granulating one. As seen from the cases related, the silver plate seems especially to induce and stimulate the operation of skinning. Might it not, therefore, be worth a trial, as a first dressing, in cases where transplantations have failed to take, acting both as a stimulant to the surface of the sore, and to the small pieces of skin to "take root" in the new soil? The painless process of destruction that takes place under the zinc plate, together with the rapidity with which the resulting sore heals suggest the use of the positive plate of this peculiar battery in many cases. There is no disadvantage now in blistering a small surface of skin, for as the silver or negative plate covers it, its only tendency is to get well. Where one has to deal with a stinking, sloughing, foul ulcer, the surface of which the more powerful stimulating and antiseptic dressings are generally applied, the application for a few hours of the zinc plate would destroy its unhealthy surface, and then on the slough separating by the aid of a poultice, a healthy, granulating and rapidly healing wound would be most probably left. In the same way might the sluggish ulcers resulting from burns be healed and made to take on a more active state; and in cases of Ectopia Vesicæ where it is the aim of some surgeons to get skin to grow upon the protruding wall of the bladder, the mucous membrane might be painlessly destroyed and a surface, more fitted for the reception of grafts, be obtained. To a greater degree might this caustic action be carried for the destruction of new growths, as Epithelioma or Lupus. The amount of tissue destroyed being always proportional to the time of application of the plate. Nor is it carrying out the principle too far to suggest the use of electrolysis to the various forms of Fistula, now treated by the actual cautery, a zinc probe properly attached to its electrode being used instead of the ordinary flat plate.

Difficult of application though this mode of healing wounds occasionally is, and accompanied as it is by many drawbacks, it is yet one that has, I believe, been too hastily thrown aside, and deserves again a fair trial, not in opposition to, but in conjunction with those more approved and recent methods of treatment for which it had been consigned almost to oblivion.

CLINICAL LECTURES.

MR. H. G. HOWSE ON EXTRAVASATION OF URINE

The most frequent cause of extravasation of urine was stricture produced by gonorrhœa. There were a few cases, however, which were produced by an injury to the perinæum. The most perfect operation that could be performed for the relief of extravasation was to cut into the urethra behind the stricture, and pass a catheter through the wound into the bladder. It would also be necessary to relieve the surrounding tissues which had been infiltrated with urine; this might be done by means of incisions made into the scrotum, &c. In some cases fluid was found in the tunica vaginalis, and the question then arose—"Shall I open the tunica vaginalis or not?" Mr. Howse thought that if much fluid collected in it, the best treatment would be to let it out; he had done so in one of the cases brought before the class, and with good results. The existence of the urinous fluid in the cavity would cause more mischief than the opening of the tunica vaginalis. Indeed, an ordinary hydrocele might be treated by opening it, and allowing it to granulate up from the bottom, and if it were not for the danger of sloughing taking place this treatment would no doubt be more often followed. Urine is very poisonous to the tissues, and if it be allowed to collect or remain in contact with them they will die in a most cruel way. This sloughing of the tissues was produced more especially in very acute cases of extravasation. Indeed, all extravasation cases might be divided into two classes—*acute* and *chronic*. The patient in Accident Ward was an example of the former kind. Here we had a large quantity of urine poured out very rapidly into the perinæum, scrotum, &c.; on performing the operation all the parts were found intensely gorged with blood, so that they were a brilliant crimson. If such a case as this had been left the sloughing produced would have been most severe, and we might consider that some of the good results obtained were due to the free incisions made relieving the intense congestion of the vessels and consequent stasis of blood in the part. In *chronic* cases, the extravasation was

produced slowly, and often extended over a period of two or three days. There was frequently a small fistulous opening in the perinæum from a previous abscess, and the extravasation arose from the urine not having been able freely to make its exit. When incising such a case, it would be found that the scrotum was not congested, but that all the tissues were swollen and œdematous, and of a faint straw colour. Ths patient in Lazarus Ward was an example of this form. It was natural to conclude that from the length of time the mischief had been going on, the sloughing would be proportionately severe, but this was not the case. In operating for the relief of a case of extravasation, if you could cut down and open the urethra, well and good—it was the best thing possible; but there were many cases in which it was not easy to do this, on account of the sloughing condition of the parts. In these cases, if the perinæal fascia was incised there would be great relief, for the urine would flow away, and no further extravasation would take place. It was the perinæal fascia which kept the extravasated urine confined to the anterior part of the perinæum. As most cases of stricture occurred in the bulbous portion of the urethra, so the urethra would be most frequently ruptured beneath the perinæal fascia, and thus the extravasated fluid would be directed upwards into the scrotum and ultimately on to the abdomen, and this was the best direction it *cou'd* take; if it went backwards much mischief would no doubt be caused by sloughing of the loose cellular tissue in the ischio-rectal fossa and about the sacrum, thus producing dangerous bedsores. After incision of the urethra the œdema would subside, and a fistulous opening into the perinæum would be the result. The treatment now would be to cure the stricture, and re-establish the natural passage. Cases of old stricture were usually associated with cystitis, and this cystitis would not get well as long as the decomposed urine was allowed to collect in the bladder. and in the pouch of the urethra behind the stricture. Clear urine might be passed through the opening in the perinæum and yet a considerable amount of phosphatic deposit might be present in the bladder. The fistulous opening in the urethra also might be of small size and in the upper wall, and thus the clear urine would filter away, leaving the thick mucous and deposits behind, and until all this deposit had been removed the patient could not get well. This deposit was often so thick that it would not pass through a fair-sized catheter. The only way to relieve these cases, therefore, would be by making a free incision into the urethra and letting out this deposit. Mr. Howse then went on to speak of the various operations for opening the urethra. In a case of old stricture, in which a pouch had formed in the urethra behind the stricture, it was easy to open the urethra by an incision made in the median line of the perinæum; the incision should be about an inch and a half long, extending down to about half an inch above the anus. The first incision should divide the superficial structures; the knife should then be pushed straight on in the median line, and it would pass into the pouch formed in the urethra behind the stricture. In cases where this pouch did not exist Mr. Cock's operation should be resorted to. To perform this operation the finger should be passed into the rectum, and the point of the finger placed just at the apex of the prostate gland; a long double-edged and sharp-pointed knife should then be passed into the perinæum in the median line, and cut downwards to about half-an-inch above the anus; the knife should then be pushed straight on till its point is felt near the tip of the finger; the knife should then be directed a little upwards, and it will be certain to enter the urethra.—the great thing being to keep it in the median line. Then there was Mr. Symes' operation, to perform which a sound,—the curved portion of which formed a grooved director thinner than the shaft,—was passed into the urethra; the thin portion of the sound passing through the stricture up as far as the thick portion; the sound was then cut down upon, and the knife pushed along the director. The objection to this operation was, that in many cases the director could not be made to pass the stricture, or might be pushed through a false passage.

NOTICES.

NOTES ON NATURAL PHILOSOPHY. By Mr. Rodwell. London Churchill & Co.

This little volume is a fitting supplement to the lectures delivered by Mr. Rodwell during the Winter Session, and will, no doubt, be well received by those for whose especial benefit it has been written. Of the "Preliminary Scientific" more than of any other examination, it is true that half the difficulty consists in not "knowing what to read;" but a student using these "Notes" as a guide to the labyrinthine intricacies of Ganot, Deschanel, and the larger manuals, will, we think, have no difficulty in selecting the right ground whereon to join issue with the authorities at Burlington House.

In a series of concise paragraphs the author has grouped together most of the fundamental laws and facts of Natural Philosophy, illustrating and explaining them in a manner which is always clear and to the point. Among the most successful portions of his work are the paragraphs on Kinetic and Polential Energy, the Mechanical Powers, and the simpler form of Electrical Appatus. A few instances, however, occur in which important points have been treated somewhat cursorily or altogether ignored: thus, in the chapter on Light, we look in vain for the well-known formula $\frac{1}{D} + \frac{1}{d} = \frac{2}{r}$, which may almost be regarded as the alphabet of Optical Science. We find no mention of Pyro-electricity, and little more than an allusion to Thermo-electricity; Ohm's Law receives but scanty attention, and Ruhmkorff's Coil is passed over altogether. We must, no doubt, make much allowance for the haste with which the work has been prepared for the press, in order that it might be available for the approaching examination; but we hope that in any future edition which may be called for Mr. Rodwell will dwell at greater length on these and a few other matters, even if it should become necessary to exclude pages 49-58, for, though the means adopted by "the author" to investigate the "constitution of a descending liquid jet" reflect great credit upon his ingenuity, they are not, we believe, generally regarded as of more importance than the points above alluded to. We must not forget to mention that Mr. Rodwell concludes with "an eloquent peroration," written apparently with the double object of putting his pupils upon their guard against Positivism, and making the *Daily Telegraph* gnash its teeth with impotent envy; in the latter undertaking he will certainly succeed.

A few plain woodcuts are scattered throughout the volume, and with the exception of No. 18, which has inconsiderately placed itself upside down, leave nothing to be desired.

As a whole we cordially recommend the "Notes" to our fellow-students, and trust that one of the results will be to obtain a creditable pass list for the the old Alma Mater on August 2.

NOTES ON THE PHARMACOPÆAL PREPARATIONS. By W. HANDSELL GRIFFITHS, Ph.D., L.R.C.P. Eng., &c. London: Balliere, Tindall and Cox.

Mr. Handsell Griffiths has again come to the aid of those students who have their examinations in Materia Medica yet before them. Materia Medica must be a most difficult and annoying subject to those students who find it a hard matter to remember numbers, for we have numbers to be remembered in doses, and numbers to be remembered in ingredients. The above Notes will greatly aid such students in remembering the composition of the various preparations of the B.P. We feel sure that students will welcome a book so well-calculated to aid them in the study of this necessary branch of their curriculum.

MEDICAL WARDS.

The following cases were admitted from May 28 to June 4, 1873.

PETERSHAM.

There were 3 new cases admitted, but we have not been able to obtain the diagnoses.

PHILIP.

4—Phthisis
15—Acute Rheumatism
29—Paraplegia—General Loss of Sensation
30—Chronic Rheumatism
39—Ascites
46—Paraplegia

STEPHEN

11—Chronic Rheumatism
30—Hysteria

MARY.

3—Phthisis

There are 4 new cases without any diagnoses

ADDISON.

24—Diabetes Mellitus

BRIGHT (Clinical),

20—Exophthalmic Goitre
27—Cerebral?

ASTLEY COOPER (Clinical),

9—Pyæmia
11—Cirrhosis

SURGICAL WARDS.

We are indebted to Mr. Phelps for the following report of a case of

INCONTINENCE OF URINE—CYSTITIS—SACCULATED KIDNEY.

M. W., æt. 12, was admitted into No. 15, Martha Ward, on April 2nd, 1873.

April 3.—Patient has suffered from incontinence of urine for twelve months during the night, but during the day is able to hold the urine for some time, although she is frequently obliged to go and pass it. Pulse 112, full. The girl is evidently nervous.

April 4—Tr. Ferri. Per. 10m., Inf. Calumbæ. ½oz., t. d.

April 6—Feels better, but still is unable to hold her urine.

April 10—Urine is very acid. A good deal of sediment deposited in the glass, and on treating it with nitric acid some albumen is precipitated, there is also a little blood.

April 14—Examined for calculus; the bladder feels roughened in some parts, but no stone detected.

April 15—In pain since examination; has been rather sick. P 132, T 102·4. Mist. Effervescens 1oz., every six hours.

April 21—Is better. Urine does not escape so much at night, is alkaline.

April 23—P. 132, T. 102·9. Acid Nit. Hydrochlor dil. 10m. Tinct. Ferri. Perchlor. 10m. Ex Dec. Uvæ Ursi. 1oz., t.d.s.

April 24—Is in no pain. Urine still escapes at night. P. 116. T. 102·2 Pil. Quinœ 3 gr. t.d.s.

April 24—Tenderness over bladder. First phalanx of ring and middle finger swollen. Urine is strongly alkaline and contains more pus. Tongue clean.

April 25—P. 104, T. 99·8. Feels better to-day.

April 26—P. 104, T. 101·8. The swelling of the fingers has gone down considerably.

April 27—P. 100, T. 101. All swelling of fingers gone.

April 28—Feels better. P. 96, T. 100.

April 29—Chest and heart sounds normal; no enlargement of any abdominal vicera. Internal pain on pressure over the bladder. P. 90, T. 100.

April 30—P. 80, T. 97·5

May 1—Complains of sleeplessness. Bladder to be injected with solution of morphia.

May 2—Slept well. P. 96, T. 98.

May 3—Pulse 92.

May 5—Pulse 100. Not so well.

May 9—Pulse 112. Water continues to escape rather more than formely.

May 13—Urine passed this morning contains a large amount of pus, and is fœtid but not ammoniacal. The girl looks much wasted. T. 98, P. 120. Has had her bladder washed out repeatedly at different periods since May 2, with the morphia injection. Has generally suffered a great deal of pain whilst being injected.

May 15—Seems much the same.

May 16—Pus still in large quantities in urine. To have Pot. Bicarb. ½ dr., Dec. Uvœ. Ursi. 1oz. ter die.

May 17—P. 94, T. 98·3.

May 18—P. 90, T. 99·2.

May 20—P. 90, T. 100·2

May 21—P. 90, T. 99. Pus much less.

May 22—P. 94, T. 99·2. Feels much improved.

May 23—P. 90, T. 99. Improving.

May 26—P. 140, T. 100·2. Is not so well. No dimunition of pus in urine.

May 27—P, 124, Complains of headache.

May 20—Holds her urine better, but varies very much.

May 30—Better to day. P. 128, T. 100.

May 31—Not quite so well, P. 124, T. 100. Died suddenly about 4. p.m.

Sec: Cad:—The right kidney was reduced to a hollow shell of altered cortical substance, perhaps eight inches in its largest diameter; filled with pus. This came from rounded loculi, each big enough to hold a walnut, all communicating with the pelvis. and evidently formed out of the original calyces. There was no cheesy or evident tuberculous substance. When the pus was washed away nothing was left but the substances described. The loculi had deeply congested walls. The capsule of the kidney was very thick,

and could in most places be stripped off without injury to the kidney texture. This was clearly the original disease, it extended down the right ureter which was greatly thickened, and its mucous membrane discolored as far as the bladder. The bladder was contracted so that it was about the size of an orange, its mucous membrane was not destroyed, but was in many parts covered with a closely adherent layer of putty like substance, (phosphatic deposit.) Large masses of this also lay free in the cavity of the bladder. The urethra was dilated, measuring 1½ inch in circumference; its mucous membrane was ash colored, with similar deposit of gritty substance. The meatus was so large as completly to dwarf the entrance to the vagina, which last looked like a small aperture in the posterior wall of the urethra. The vagina itself was capacious, its anterior wall presented slight ulceration. The uterus, ovaries, and the fallopian tubes, were like those of a child. The utero vesical pouch was nearly wanting, and thus the uterus looked like a small projection from the posterior surface of the thick walled bladder.

The left kidney had its pelvis and its calyces greatly dilated; the pyramids were flattened down so as to project only very slightly into the calyces; at one spot there was well marked suppuration of the interstitial substance (surgical kidney,) in a space perhaps an inch in diameter.

The following cases were admitted from May 28 to June 4, 1873.

ACCIDENT.

3—Fractured Thigh
4—Fractured Patella
6—Cut Throat
11—Concussion
12—Fractured Tibia
17—Fractured Tibia and Fibula
18—Fractured Pelvis
20—Fractured Fibula, Lower Third—Dislocation of Foot Outwards
21—Pott's Fracture

CORNELIUS.

3—Fractured Tibia
4—General Contusions
12—Injury to Abdomen

LYDIA.

1—Hysteria
5—Fractured Femur (?)
6—Fractured Fibula
16—Burn of Face
18—Burn of Face and Neck
20—Fractured Jaw
22—Fractured Tibia and Fibula
23—Injury to Abdomen
26—Suppuration about Ankle Joint

MARTHA.

18—Disease of Hip

LAZARUS.

7—Compound Dislocation and Fracture of Thumb
22—Tumour of Neck

JOB.

17—Compound Fracture of Fingers
18—Stricture of Urethra
19—Chronic Rheumatic Arthritis

NAAMAN.

10—Abscess in Perinæum
15—Perinæal Fistula

LUKE.

13—Hydrocele

CHARITY.

4—Enlarged Cervical Glands
13—Disease of Elbow-joint

DORCAS.

10—Tumour in Breast
16—Tumour in Neck
18—Nœvus
19—Tumour in Breast

RUTH (Ophthalmic).

29—Corneitis

CORRESPONDENCE.

—o—

[*We do not hold ourselves responsible for any opinions expressed by our Correspondents.*]

RELIEF FOR PATIENTS IN THE LYING-IN CHARITY.

To the Editor.

Sir,—Your correspondent, Mr. Albert Carter, brought vividly before us in his excellent article, some of the experiences through which every Extern has to pass, and he also speaks of scenes of patiently-borne suffering on which he had not time to dwell. This sentence must have recalled to the mind of every humane student who has been Extern, scenes which will be stamped upon his memory for life. Scenes of suffering bad enough to bear even amidst the greatest luxury, and without the addition of mental suffering, but how much worse when borne, as I have seen the agonies of a protracted labour—on a straw palliasse, on the floor of a damp cellar, the ceiling so low that it was easy to touch it, the windows with nearly every pane broken, and the openings stuffed up with old rags and paper, and in the room six children living, besides a drunken husband. All the family dependent on the mother's exertions for support, and she now laid up with nothing to trust to but that charity so often found amongst the poorest which leads them to help each other to the best of their power. And cases as bad as this are not few and far between in our Lying-in Charity. Every student who has been Extern must have come across such, and every one must have felt a longing to be able to do something towards alleviating such want and misery, and perhaps the kind-hearted Extern has put his hand in his pocket—empty enough through having to maintain two lodgings at that time—and given the nurse a shilling to get something for the woman, and what does she get? Probably gin. Now, Sir, I have often thought that some fund might be established to supply *matériel* to such real cases of want as occur in our Lying-in Charity. I cannot see any reason why a Student Committee should not be formed to receive money or *matériel* from any persons who might be disposed to give towards such a charity, and I feel sure that there would be many such.

A little might be made to go a long way if managed by a committee whose expenditure sheet did not contain stationery, printing, collecting cards, refreshments for members of committee, and those numerous other items which are often to be found taking a considerable share of the funds of many charitable societies.

Trusting that this letter may lead to some expression of opinion in your columns,

I am,

Yours obediently,

AN EX-EXTERN.

May 17, 1873.

GENERAL NEWS.

—o—

OPERATION.

Tuesday, June 3, 1873:

REMOVAL OF DISEASED BONE FROM SHOULDER.

By Mr. Bryant.

Patient, a boy, æt, 14, had suffered from disease of his shoulder joint for about two years. There was a history of an injury as the first cause. As the scapula moved with all the movements of the humerus it was supposed before the operation that anchylosis had taken place between the humerus and scapula; this, however, proved not to be the case, as soon as the patient was fully placed under chloroform the humerus moved freely and independently of the scapula. The disease seemed confined to the upper part of the glenoid cavity. Previous to the discovery of movement in the joint, Mr. Bryant remarked that he would not think of excising the joint on the hope of getting a movable joint, as the boy wonld have a useful arm, even supposing the joint to be anchylosed. Mr. Bryant now enlarged a sinus in the back part of the shoulder, making an incision about an inch and a half long, then by means of the elevator and bone forceps he removed a piece of dead bone from the upper part of the glenoid cavity; he found the head of the humerus denuded of cartilage. The wound was then closed with lint and sirapping.

Last week there were two cases of cut-throat brought into the Hospital. Both of them were at first taken to Accident Ward, but one has since been removed to the strong room. The patient now in Accident (No. 6) was found to have inflicted a wound between the cricoid cartilage and the hyoid bone, cutting into the larynx, but not wounding any important vessel. He is now doing well. The patient now in the Casual Ward had cut his throat with a dinner knife, having previously taken about a pint of lead lotion. The knife was so blunt that only a small incision in the skin over the thyroid cartilage had been made. On admission into Hospital the stomach-pump was applied, and the stomach well washed out with warm water. Lead—probably the acetate—was detected in the contents of the stomach, Patient had been getting restless and unruly in Accident, and so was removed to the strong room on the 31st inst. He has been getting better ever since.

Yesterday a patient was brought into the Surgery by three policemen, who stated that they had found him in the street unable to walk, and on questioning him he stated that he had taken poison. Patient seemed in a drowsy condition, but the pupils were not at all contracted. On being sharply questioned, he stated that he had been drinking for the past two or three days, and at four that morning had taken sixpennyworth of laudanum. A lttle shaking-up roused him, however, and so an emetic of sulphate of zino was administered. This not acting, the stomach-pump was passed, and the stomach well washed out. This speedily restored the patient to his senses, and he was removed by the police. We should imagine that the laudannm had been purchased from one of those humane chemists who never put opium in the laudanum which they retail. A correspondent informs us that on one occasion he went into a chemist's shop where he was in the habit of dealing; the proprietor of the establishment being out, his wife was in attendance. Our correspondent asked for an ounce of laudanum, when the lady innocently inquired whether he would have "that which we retail, or that which we put in the prescriptions?" He of course chose the latter, next time he entered the shop, the chemist informed him that the "retail laudanum" was made with a view of preventing suicide or accidental poisoning.

Yesterday Dr. Hilton Fagge commenced his lectures on Hygiene. The lectures will be given on Mondays and Fridays, at 12, in the Chemical Theatre.

PROPOSED APPENDIX TO THE BRITISH PHARMACOPŒIA.—The following is a list of the principle articles which have been proposed to be included in an Appendix to the British Pharmacopœia, when it is reprinted "Pharmaceutical Journal," vol. iii, p. 716): acetum ipecacuanhæ, æther aceticus, ammoniæ nitras (for the preparation of nitrous oxide), amyli nitris, aqua chloroformi, bismuthi oxidum, calcis hypophosphis, charta sinapis, chloral hydras, extractum glycyrrhizæ, liquidum hydrargyri oxidum præcipitatum, liquor magnesiæ citratis, oleum phosphoratum, oxymel ipecacuanhæ, pepsina, pilula, jalapæ composita, pulvis elaterii compositus, sapo animalis, sodæ hypophosphis, succus belladonnæ, succus hyoscyami. suppositoria carbolica cum sapone, suppositoria morphiæ, cum sapone, suppositoria tannica cum sapone, tinctura aurantii recentis.—"Medical Record."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Fellow.

First Examination.

May 23, 1873.

From 1 to 5 o'clock p.m.

All four qnestions *must* be answered.

Anatomy and Physiology.

1. Describe the Mucous Membrane of the Nasal passages and Cavities; and state precisely how each region is supplied with Nerves.

2. State what you know of the Vasomotor Nervous System, and of its functions. Cite facts and experiments by which such conclusions have been reached.

3. Describe the Vestibule and Semicircular Canals in the Dry Bone, also the soft structures they contain in the recent state, including the distribution of the Auditory Nerve to these parts.

4. Describe the Œsophagus; its course and relations, the Dissection necessary to expose it, and its structure.

Second Examination.

Pathology, Therapeutics, and Surgery.

May 29. 1873.

From 1 to 5 o'clock p.m.

All four questions *must* be answered.

1, Describe the Anatomical Characters, Causes and Results of inflammation of Veins.

2. Describe the Morbid Changes you would expect to find in a person who had died from protracted Syphilis.

3. Describe the Anatomical Characters of the various Diseases of the Larynx their diagnosis and treatment.

4. A man while suspended by the hand felt something snap near the Armpit. This was followed in the course of two or three hours by considerable swelling, undefined below the outer half of the Clavical, which rapidly extended towards the Axilla: then the whole Arm became swollen, and no pulse could be felt at the wrist. State your opinion of the nature of the mischief, and the grounds for it; and describe the treatment which in such a case you would adopt.

The following Guy's men passed their First Examination for the Fellowship last week :—

Mr. H. Clarke
Mr. T. S. Ferrier
Mr. W. H. Harsant
Mr. A. H. Jones
Mr. T. S. Morley
Mr. Tyson

There is a new hot-air and vapour bath in use in Clinical Ward which we should advise students to examine. The apparatus is like a couch on wheels, the floor of the couch being formed of waterproof material; over this there is a chamber formed of tin. The patient is laid on the couch with his body in the chamber and his head out ; a number of gas jets then supply the heat. Either a medicated, or simple hot-air, or a vapour bath may be given, and there is a contrivance by which the patient may have a shower-bath administered without being removed from the apparatus.

The works for enlarging the Dissecting Room are being pushed rapidly on. The foundations of the new portion have already been dug out, and inside the Dissecting Room a partition has been erected, extending across the room from the Demonstrating Room, so that the portion of the room from the Demonstrating Room to the entrance is still available for dissecting, while the workmen are able to go on with their work behind the partition. Our Dissecting Room has for some time been much too small for the number of subjects dissected at Guy's, and we feel sure that the comfort afforded by the increased space will be appreciated by the students who will dissect next winter.

THE MEDICAL EDUCATION OF WOMEN.—At an influential meeting held on Tuesday in Birmingham, an association was formed for promoting the education of women in the medical profession. The objects of the association as stated, are to obtain the admission of women as students of medicine into the Queen's College, Birmingham, and into the Hospital of Birmingham; for the purpose of medical practice ; to promote generally the medical education of women, and to render assistance to ladies desirous of becoming students of medicine.

THE NOTICE BOARD.

—o—

M.R.C.S. Pass Examination, July, 1873.

June 6, 1873.

Special Demonstrations in Practical Surgery for the above Examination will be given by Mr. Rendle, on Monday, Wednesday, and Friday, at 7.30 p.m., in the Class Room adjoining the Library, commencing on Monday, June 16.

RECEIVED—"The Medical Record."

NOTICE.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

Gentlemen at the Hospital are reminded that the new subscriptions are now due, and will greatly oblige us by paying the same to one of the Editors as soon as possible. The subscription from May to the end of September will be 3s. 6d.

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If Gentlemen, who are at PRESENT GUY'S STUDENTS have any Articles of a Professional character to dispose of, they may Advertise the same in this Column at the price of Sixpence for an Advertisement not exceeding Twenty Words.

All communications to be addressed to
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"Guy's Hospital Gazette,"
Guy's Hospital, S.E.
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The lithographed edition of Mr. C.'s Analytical and Synoptical Tablets now embraces nearly the whole of Anatomy and Physiology, and Special Tablets on Comparative Anatomy and Developement for the F.R.C.S. Examinations are in course of preparation. For the printed Tablets see above.

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GUY'S HOSPITAL.—To past and present Pupils.

HENRY J. HILLS,

(MANY YEARS MANAGER TO THE LATE J. MILLIKIN, SOUTHWARK STREET,)

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Printed and Published for the Proprietors by ORLANDO GIBBS BRIMMER, at 104, Borough High Street, Southwark, Surrey.—Saturday, June 7, 1873

Guy's Hospital Gazette.

VOL. II.—No. 7. SATURDAY, JUNE 14, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

During the past week most of our readers will have observed that an alteration is about to take place in the Dissecting Room accommodation. The present Dissecting Room and Demonstrating Room were built in the year 1832, the original one of 1826 having been thrown into the Museum. Already the foundations have been got out and concreted, ready for the construction of the walls, a screen has been thrown across the interior of the room, and the work of demolishing the end wall has commenced. According to the plan the east end is to be thrown out twelve feet, or adjoining the pavement; this will accommodate about eight more tables for subjects. The south wall of the present Demonstrating Room is also to be carried out to the edge of the pavement; the new piece thus enclosed will be made into a class-room for demonstrations, capable of holding about one hundred Students, and the present one will serve the purpose of a room for the Demonstrators. The box-rooms are also soon to be things of the past, except the one nearest the Anatomical Theatre, which is to be converted into a two-storied building for the reception of the Students' boxes. The Injecting Room is to occupy the south-west corner of the yard.

During the operation of excavating the foundations a number of human bones were brought to light; here is an excellent opportunity for our archæological friends to find subject for surmise! Most of the bones were in a fair state of preservation, and there appear to have been at least three or four entire skeletons; there was also a bone belonging to the leg of an ox. Tradition assigns these bones to belong to a burying-place for lunatics in former years; we cannot, however, vouch for the truth of this assertion.

Varied will be the feelings among the Students at the alterations being made! Men, who have already gone through the ordeal of the First College, will no longer recognize the old place in which they were wont to spend most of the time of their first two years' studentship; whilst those whose fate it is to visit Lincolns-inn-fields for their Primary, will look forward with pleasure to the improvements so fraught with comfort to themselves. We hope that, considering the extra space that will be afforded, and the facilities which are offered to dissection by Mr. Howse's method of embalming, whereby subjects have been most satisfactorily preserved during the past winter session, a fresh impulse will be given to study, and that our present First Year men will be led to try and surpass, next April, the brilliant example set them by their senior fellow-labourers.

Besides being more commodious, the new building will of course be fitted with all the most approved modern inventions with regard to lighting, warming, ventilation, &c., in which respects the old room was rather deficient. It is a somewhat novel sight to see candles supersede gas, but it is nevertheless a lamentable reminiscence of the past in the minds of many of us, who have more than once, on a foggy November morning, witnessed this triumph of ancient over modern times. How often, too, have we sat in our great coats trying to confine our attention to the study of the structure of the human frame, whilst chattering teeth and benumbed feet and hands have led us to ask, who could possibly have been the inventor of that cumbersome and almost useless piece of furniture in the centre of the room—*the stove!* It would, in our humble opinion, be much more tasteful to replace the latter article by hot-water pipes round the sides of the room, and to make provision for the absence of sunlight by the fixture of two large cluster lights of gas overhead, instead of the gas-burners round the room, whose only use has been that of supplying the place of absent hat-pegs.

CLINICAL LECTURES.

MR. HOWSE ON ACUTE ARTHRITIS AND CHRONIC RHEUMATIC ARTHRITIS.

Mr. Howse said that one of the most important signs which would lead us to the diagnosis of dislocation of the shoulder-joint was flattening of the affected shoulder. One of the cases to which he wished to draw attention was that of a girl, who, on admission, presented a marked appearance of flattening of one shoulder. There was no history of injury, but the appearance of the shoulder was such that the patient had been placed under chloroform in a provincial hospital for the purpose of reducing the supposed dislocation. This case, however, was not one of dislocation; the appearance of the joint was fallacious,—the cause of the flattening was wasting of the deltoid muscle from fatty degeneration of its fibres. What was the cause of this state? To answer this question, we must turn to the patient's history. She said that one evening some months ago, severe pain came on in the joint without any obvious cause, that it became much swollen and excessively tender; she had medical treatment, and the swelling subsided, but ever since she had not been able to use the limb. This account would correspond with what we observed in cases of acute arthritis, where not only the joint, but all the tissues surrounding it, were involved in the inflammatory processes. Inflammation around a joint often produced fatty degeneration in the contiguous muscles, and the fat being afterwards absorbed, wasting was the result. Cases of acute arthritis of a single joint were more common in private practice and in the Medical Wards, than in the Surgical Wards. Mr. Howse thought this was because these cases were often mistaken for rheumatism, and possibly some of them were really rheumatic in their origin. In the case narrated, the muscles acting on the humerus being powerless, it was important to ascertain whether they were in a recoverable state, whether in fact, if the joint were set to rights they would ever be in a fit state to move the articulation again. For this purpose the electrician had applied galvanism for some time without any result, and Mr. Howse thought that if a strong continuous current was applied to a muscle each day for two or three weeks, without even a flickering contraction being produced, we might conclude that it was hopelessly wasted. In this case the muscles acting on the humerus being powerless, the arm hung down like a flail, though the elbow-joint was as useful as ever; but as the shoulder could not be used, the arm was rendered almost useless, as the patient could not even get her hand to her mouth without bending her head. Chloroform had been at first administered and sundry adhesions inside the joint broken down. This, however, only demonstrated the complete powerlessness of the muscles surrounding the joint,—the arm still hung down quite useless. Mr. Howse therefore proposed excision of the shoulder, and for these reasons: Though the muscles acting on the humerus were useless, the muscles acting on the scapula were still in a healthy state; he therefore thought, if by excision, the humerus could be so fixed to the scapula as to move with it, that by constant action the muscles acting on the scapula would become hypertrophied, and useful movement of the arm obtained. The patient, however, having been unruly in the wards, had to be discharged from the Hospital before the operation was performed. In a case in Lazarus Ward, however, Mr. Howse had operated, finding the deltoid in much the same state as that already described. The result in this case was still doubtful. The external incision had nearly healed, and the arm was being kept most carefully at rest in order to promote the ankylosis of the bones. There was every reason to believe that this would take place; but, even if it did not, the patient would be in no worse a state than he was before the operation, that is, the arm would still be in the condition of a flail. The best operation for excision was that which disturbed the soft parts least. Mr. Howse thought that the best incision was one reaching from a point midway between the acromion and coracoid processes, nearly to the insertion of the deltoid muscle; cutting through the skin, superficial parts, and the deltoid with one sweep of the knife. The difficult part of the operation was to divide the muscles attached to the upper part of the humerus; this might be done by first rotating the bone outwards, so as to bring the tendon of the sub-scapularis forward; this should then be divided and the capsular ligament opened by the same incision; the humerus should then be rotated in the other direction, and the muscles attached to the great tuberosity divided. It was a general rule not to divide the tendon of the biceps, but to turn it aside. Mr. Howse did not think it mattered much, but if practicable the tendon should be left. The argument was that the tendon supported the joint, and formed a fixed point for the contraction of the muscles, but after removal of the head of the humerus, it must necessarily become very loose and could not therefore afford much support. The humerus should be sawed off through the lesser and greater tuberosities. With regard to whether we should try to obtain a fixed or moveable joint, those cases in which excision was performed for necrosis which had not involved much of the bone, in which, consequently, the muscles had undergone comparatively little change, were the most favourble cases for a moveable joint. If a fixed joint was wished for, the limb should be kept at perfect rest for two or three months after the operation; if, on the other hand, a moveable joint was expected, slight motion might be begun about three weeks after the operation, but not earlier. Mr. Howse next went on to speak of chronic rheumatic arthritis. He said that these cases were more frequent in our out-patient rooms than in the wards, and this was because they were cases in which no active operative treatment was usually pursued. There were two classes of these cases—(1) in which there was very little or no thickening, and (2) in which there was considerable thickening, about the joint. In making the section of a joint in the first class of cases, the bone would be found very much hardened, almost like ivory, from the deposit of bony material in the interstices of the cancellous tissue. In the second class of cases where there is deposit of bony material upon the outside, this hardening does not occur to the same extent. The *causation* of the disease was very obscure. A large number of the cases took their origin in some slight injury, but this must be regarded simply as the *exciting* cause, not the *primary* cause of the mischief. Still this fact often gave rise to *contretemps* most disagreeable to the medical man treating the case. For instance, a patient had come to him a short time since with the following history. He had slipped off a kerb-stone while walking some months previously, and had jarred his hip. He had walked home, feeling little or no inconvenience, and had been able to walk about for several following days; but pain gradually coming on, he consulted his medical attendant, who treated him for some time without much benefit. He then applied to another neighbouring surgeon, who told him that his hip was dislocated, and that he had been badly treated in the first instance. He was about to institute proceedings against his

first medical attendant, but before doing so, consulted Mr. Howse in order to have a second opinion. On careful examination under chloroform distinct grating of eburnated bone was felt, together with some slight thickening about the joint. This, together with the history, enabled him to assure the patient that nobody was in fault, but that the case was one of chronic rheumatic arthritis. With regard to the treatment of this affection, it was vague and indefinite. Nothing was known of the real cause of the disease, though it often followed an injury. In treatment, therefore, we were only guided by experience. Mr. Howse has found the bromide of potassium a most useful remedy. This was usually given to relieve the pain, but he had given it to produce absorption of the new material, and with good results. The iodide of potassium would no doubt act much in the same way, but Mr. Howse's experience led him to prefer the bromide. There was another drug which he had found to act with benefit in these cases, and that was ammonia. A patient had come to him in the out-patient room, suffering from the disease; he used the bromide of potassium on two occasions with benefit, but on the third occasion it did not have any effect, so by way of a placebo he ordered mistura ammoniæ; this produced a most beneficial effect the joint becoming much smaller. Some surgeons have used counter irritation in the neighbourhood of the affected joint. It is reported of the late Mr. Syme that he used to apply a hot poker, making a burn in the form of a cross over the joint; the result, as far as the relief of pain was concerned, was reported as most satisfactory, but allowances should be made for the greater pain produced by the poker, neutralizing the lesser pain in the joint.

THE OPERATING THEATRE.

Tuesday, June 10, 1873.

Operation for Necrosis of Shaft of Femur.

By Mr. Bryant.

The case was one of necrosis of the whole shaft of the femur occurring in a boy, nine years of age. A few weeks ago he had complained of pain in his right thigh; there was no history of an injury. Then came on acute inflammation, followed by a large abscess in the thigh. This was opened, and the whole shaft of the femur appeared to be dead. At first there was very liitle new bone thrown out; it was therefore feared that all the periosteum had been destroyed, and that repair was hopeless; in time, however, a fair amount of new bone had been formed. Whether the periosteum had been destroyed, and the new bone thrown out by the surrounding tissue, or whether it had not been destroyed, could not be decided, but Mr. Bryant was inclined to look upon it as a case in which the new bone had been thrown out by the surrounding tissues after destruction of the periosteum. There would not be much hope of finding the dead bone loose, but if it were left now, the new bone would form a case around it and render its removal very difficult. Mr. Bryant would, therefore, try and remove the dead bone now, and he would not be certain of success, as the operation was in a measure experimental. It was becoming the custom now to interfere earlier in these cases of necrosis. If there were no new bone the only plan of treatment wonld be amputation at the hip-joint. The patient now being under chloroform, Mr. Bryant proceeded to operate. There was a sinus at about the middle of the outside of the thigh; into this Mr. Bryant thrust his finger, bringing out a quantity of pus. He then enlarged the sinus by an incision about three inches long in the direction of the limb and reaching down to the bone; he then passed a chain saw round the femur, but the saw would not work, being at too great an angle, so he cut through the bone with a chisel and mallet; on examination of the fractured end he found that, though the outside of the bone was necrosed, yet that there were signs of vitality in the interior. As there was no line of separation between the necrosed parts of the bone and the living it was impossible to remove the former. Mr. Bryant therefore placed the ends of the bone together again, and the external wound was closed.

Excision of the Right Elbow-joint and Removal of Bone from Left Ulna.

By Mr. Bryant.

The case was one of disease of the right elbow-joint, together with some of the bones of the right hand, and disease of the shaft of the left ulna. The patient was a boy, aged 6 years; appeared very much wasted, as the disease had been progressing for some time. Mr. Bryant remarked that if the disease was left to itself it would no doubt kill the child; it was, therefore, imperative that it should be removed. The choice lay between excision and amputation. Excision would have to be performed at the elbow, and the dead bone removed from the hand. On the patient's admission into Hospital he thought there was no alternative but amputation, but the careful treatment in the Hospital had so improved the patient's health that he evidently possessed more reparative power than he would have at first expected, he therefore intended excising the elbow. If the case had occurred in the knee-joint he would have preferred amputating. He would make use of a longitudinal incision a little to the inside of the olecranon process. All transverse incisions in excision of the elbow-joint should be condemned as they destroyed the fascia which bound together the upper arm and fore-arm, and which might be looked npon as the extension of the triceps tendon. Mr. Bryant then proceeded to make a longitudinal ncision over and a little to the inside of the olecranon process; he then with a raspatory separated the soft parts and the periosteum from the bones; when the ends of the bones were fully exposed he nipped off the head of the radius, then the olecranon and coronoid processes of the ulna, then the end of the humerus. He then brought the edges of the wound together by means of strips of dry lint passed round the limb, and the arm was placed on a splint with a loose joint at the elbow, the splint being fixed at an angle of about 60 deg. Mr. Bryant then proceeded to remove some dead bone from the left ulna, passing an elevator into the sinus leading to the bone, he prized out the necrosed portion without enlarging the sinus by any cutting operation. In the olecranon process removed from the right elbow was found a small sequestrum of bone which evidently had been the original cause of the mischief.

Removal of Necrosed Bone.

By Mr. Bryant.

Patient was a girl, aged 13; she had necrosis of the right radius and fibula, resulting from abscesses following an attack of scarlet fever: Several sinuses now existed in the fore-arm, and leg leading to dead bone The bone had been cut down upon in a provincial hospital, but the sequestrum was found not ready for removal. In the fore-arm Mr. Bryant cut down upon and exposed the bone, he then with a chisel cut into the case of new bone which had formed round the sequestrum, and removed the latter in five pieces by means of bone forceps. In the leg he cut down on to the bone, and on inserting his finger into the incision he received a

prick, which made him suspect the presence of a pin; on removing the offending body it turned out to be a sharp spicule of bone sticking out from the surface of the fibula, this was the only piece of dead bone removed.

REMOVAL OF MALIGNANT TUMOUR OF THIGH.

By Mr. Durham.

Patient was a man aged 20; about five years ago he was kicked by a horse on the outer side of the right thigh. No immediate results seemed to follow the injury; about three years after the injury he first noticed a swelling in the place where he received the kick—this swelling had been increasing in size ever since, and was now very large. Before operation the patient presented a large tumour occupying the outer side of the upper third of the right thigh. The affected limb measured four inches more round the tumour than the sound limb at the same spot, but this did not convey a correct idea of the size of the tumour, as the muscles of the affected thigh were very much wasted. The tumour was slightly moveable, and gave the idea of being connected with the fascia or intermuscular septa rather than with the bone. The patient had been in considerable pain, though the tumour was not tender to pressure. Mr. Durham remarked that the growth was undoubtedly malignant, and probably was a round-celled sarcoma: if it was found to be connected with the bone, the only treatment would be amputation at the hip-joint. He hoped, however, that it was not connected with the bone, and that he would therefore be able to remove it. Mr. Durham made one incision in the direction of the limb, and another at right angles to the first, forming a cross; the knife was carried down to the tumour without cutting into it; the soft parts were then separated from the growth by means of the fingers and a raspatory and with a few touches of the knife; the primary incision had to be enlarged before the whole mass could be exposed. Mr. Durham then proceeded to complete the operation by detaching and removing the tumour; torsion was applied to the bleeding vessels, and the large wound was closed by sutures, with the exception of the posterior portion. The tumour was found to have grown from the intermuscular septum, between the vastus externus and the muscles posterior to it; it had involved the muscular fibres of the vastus externus to a slight extent, but none of the other muscles were infiltrated. The tumour on section presented the appearance of a sarcoma. A small portion of muscle which had been removed with the tumour, kept contracting and relaxing for a considerable time after removal.

REMOVAL OF SUPERIOR MAXILLA FOR TUMOUR IN THE ANTRUM.

By Mr. Durham.

The case was one of malignant growth in the antrum, occuring in a man aged 40. Patient had, for the last fourteen years, been troubled with gumboils discharging into the mouth, his teeth also had been in a very bad condition. About three months ago he had what he called a cold, and then noticed a swelling in the right cheek, just at the side of the nose. There was no pain at first, but as the swelling increased in size he suffered a good deal of pain. The growth had extended inwards, downwards, and outwards but it had not made much progress in an upward direction. The right nostril was completely blocked up, but patient could breath freely through the left. The tumour could be seen projecting into the mouth and presented a fungus-like appearance. Mr. Durham remarked that the growth was doubtless malignant, and no treatment short of complete removal would benefit the patient. He then proceeded to make an incision down by the side of the nose carrying the knife straight down through the upper lip into the mouth, He then made a curved incision with the concavity upwards, passing in an outward direction to the right side from the angle of the mouth He then dissected up the enclosed flap, and after extracting several teeth, proceeded to divide the bone. The nasal process was first divided with the bone forceps, then placing one blade of the forceps in the nostril he split through the alveola and palatine portion. The malar bone was then divided with the saw, and several posterior attachments cut through with the bone forceps, the growth was then turned out. Several ragged fragments were removed from the walls of the cavity. The bleeding was checked by torsion, and by the application of a hot iron; a sponge was then inserted into the cavity and the soft parts adapted by sutures. When the growth had been removed several ordinary nasal polypi were found growing from that portion of it that was adjoining the nasal cavity. Mr. Durham remarked that he had seen the same thing in a case on which he had operated in private, and the harmless and the malignant portions of the growth seemed to pass into each other without any line of demarcation.

MEDICAL WARDS.

NOTES OF A CASE OF INTUSSUSCEPTION OF THE SMALL INTESTINE.

A child, æt. $1\frac{3}{4}$, was admitted into Petersham, on the 2nd inst., with the following history:—Three or four days before admission the child, which had been previously healthy and well-fed, was being carried by a little girl, when it was noticed suddenly to become very ill and scream, and was thought to have "strained itself." On Sunday, June 1, it was being fed, and had swallowed some mouthfuls, when it was suddenly seized with violent vomiting, followed by loud screaming and a convulsive action of the limbs and the whole body, his face becoming "blackened," as the mother describes it.

This was followed by his passing, *per anum*, a large quantity of clear fluid blood.

On admission, appears to be in no pain at all. Has passed no motion for three days, but some blood to-day and yesterday.

The belly is somewhat tympanitic and swollen, but not extensively so. An elongated tumour can be felt in the left lumbar region, with a defined sharp margin below. Manipulation of this does not appear to give much pain.

The rectum contains some blood, but no tumour could be with certainty made out in it.

The child was brought under the influence of opium, and some brandy given. Insufflation with air was then practised by means of an India-rubber tube and pair of bellows. During the operation a quantity of urine was extruded. Moderate distension was produced three or four times until the child appeared rather faint, when the insufflation was discontinued. No change in the characters of the tumour was produced at the time.

On the following morning the sharp lower edge of the tumour could not be felt in the left lumbar region, although there was some fulness there.

Insufflation was again performed. Micturition now easy, and urine plentiful; no vomiting.

On the following morning the bellows were again used. The child passed early this morning a yellowish stool, slightly tinged with blood. After the insufflation it passed another natural motion.

In the afternoon insufflation was again resorted to.

6th.—Yellowish stools. No pain.

7th.—Child seems in all respects perfectly well. Discharged to-day.

Cases of recovery in children of this age after intus-susception are rare. Dr. Moxon, in his clinical remarks on the case, mentioned one that had been lately brought before his notice. We remember one some two or three years ago at Guy's.

In both these cases insufflation with air was the treatment adopted.

NOTES OF A CASE OF ADDISON'S DISEASE.

A man was this week admitted into Philip Ward in a dying condition. He had been living with his friends, but was brought up to the Hospital by the master of the Greenwich Workhouse. No information could be obtained about his antecedents.

On admission, was very dirty and covered with vermin, pallid, and prostrate; his mind was not very clear, his answers to questions put being vague and dilatory, and his manner listless. He appeared fairly nourished. No disease was discovered in his head, chest, or abdomen. Pulse, small frequent. He died in the night.

At the autopsy the viscera appeared healthy, except the supra-renal capsules which showed distinctly upon section that their substance was replaced by the whitish tough material seen in Addison's disease. A dissection of the plexus of the nerves in connexion with them was made, but the nerves presented nothing abnormal.

The colour of the whole body and lips was without pigmentary bronzing; the skin was remarkably fair.

In each knee-joint was found a bloody fluid. There were purpuric patches on the legs, and the gums were very spongy. Lungs without petechiæ.

Dr. Moxon, who made the P.M. examination, remarked that hæmorrhages were not usually found in Addison's disease, although the change in the capsules was quite characteristic.

We are indebted to Mr. Henry Ashby for the following additional

NOTES OF CASE OF OPIUM POISONING—ALBUMINURIA —PNEUMONIA.

(*Continued from Page* 29.)

A short time after patients admission, complained of some pain in right side about the nipple, rales were heard on the same side. There was no expectoration or urgent dyspnœa. Tongue dry, brown, and cracked. He passed his motions and urine into the bed. Temp. 102. Pulse 108. Resp. 30. A small quantity of albumen in the urine and granular casts. The symptoms increasing with intensity, he became weaker, and, without once rallying, died on the 31st ult.

P.M. showed purulent infiltration of the right lung, and breaking down into several cavities the size of a walnut. There was some scattered tubercles at the apex of the lower lobe, surrounded by uninflamed lung, Left lung normal, with the exception of a few tubercles at the apex. Liver and heart very fatty. Kidneys granular, but not very markedly.

This case, apart from the interest connected with the opium poisoning, well illustrates the usual result of pneumonia in a depraved constitution. Pneumonia in a young and healthy subject, as is well known, is not a fatal disease. But in a constitution debilitated by age, alcoholism, or wasting disease, the prognosis, as in this case, is very serious. A history of fifteen years of fast army life in India, a year or two of mental anxiety with its frequent sequels—drink and opium—at home, the evidence which the urine afforded of contracted kidney, a countenance on which chronic alcoholism was plainly written, together with the effects of a poisonous dose of opium, all rendered the prognosis certain, when pneumonia had fairly set in. Among his symptoms of particularly evil omen, were his incontinence of urine, no expectoration, his extreme weakness, and tremor of the hands.

The following cases were admitted from June 5 to June 11, 1873.

PETERSHAM.

9—Chorea
20—Cardiac

PHILIP.

26—Lead Colic
25—Strumous Disease of Abdomen
28—Locomotor Ataxy
32—Tertian Ague
33—Colic
50—Quotidian Ague

STEPHEN

11—Chronic Rheumatism
19—Rheumatism
22—Strain—Injury to Right Side Four Months ago
31—Phthisis
43—Hemiplegia
47—Morbus Cordis (Mitral)

MARY.

7—Phthisis
31—Retroflexion (Probably Old)—Recent Inflammation—Mischief Around Uterus

ADDISON.

29—Epilepsy
35—Phthisis—Albuminuria—Anasarca Ascites
36—Rheumatic Arthritis

BRIGHT (Clinical).

25—Syphilis
30—Jaundice (?)—Albuminuria
32—Morbus Cordis—Hysterical Aphonia

ASTLEY COOPER (Clinical).

4—Angina Pectoris
14—Dysentery

SURGICAL WARDS.

—o—

The following is the report of a case of

A CRUSHED ARM.

W. G., æt. 34, was admitted into No. 1, Accident, on April 30, 1873.

Patient states that he was engaged in laying some rails on a railway, when a train coming unexpectedly knocked him down, the engine and train passing over his right arm.

On admission, the right arm was frightfully crushed, the brachial artery protruded from the wound and the

humerus was exposed. The only alternative appeared to be amputation at the shoulder joint, as there was not enough sound skin left to make flaps. Rather than do this, however, Mr. Bryant sawed off the projecting end of bone and left the stump to granulate. Patient progressed favourably, and on the 18th of May there was a space of about 1½in. by 1in. not covered with skin; this has, however, been skinning over rapidly, and at present there is only a small spot left uncovered. The patient will therefore have a fair stump, to which any mechanical appliance can be readily applied.

The following cases were admitted from June 5 to June 11. 1873.

ACCIDENT

2—Fractured Tibia and Fibula
11—Cut Throat
15—Compound Fracture Tibia and Fibula
26—Fractured Tibia and Fibula
30—Injury to Abdomen

CORNELIUS.

4—Factured Patella
9—Fractured Tibia
15—Fractured Tibia
17—Fractured Patella
20—Fractured Tibia and Fibula

LYDIA

3—Hæmorrhoids
9—Punctured Wound in Abdominal Wall

MARTHA.

2—Abscess in Lnmbar Region following an Injury
4—Cicatrix from Burn
5—Necrosis of Tibia
9—Epulis
14—Abscess in Pelvis
15—Bursa Patella

JOB.

2—Injury to Ankle
14—Pyæmic Symptoms
21—Necrosis of Shoulder Joint
24—Hip-Joint Disease

LAZARUS.

10—Injury to Back
11—Bruised Leg
14—Stricture of Urethra
17—Ulcer of Leg

NAAMAN,

7—Injury to Knee
8—Stricture
19—Crushed Hand

LUKE.

8—Abscess about Ankle
9—Double Popliteal Aneurism—Mitral Disease

DORCAS.

15—Necrosis of Radius
17—Fractured Thigh
20—Femoral Hernia Strangulated—Operation
21—Umbilical Hernia
22—Injury to Thigh

CHARITY.

5—Chronic Abscess over Trochanter Major
6—Specific Ulcer of Foot

BARNABAS (Ophthalmic.)

2—Ulceration of Cornea
7—Opaque Capsule
9—Pannus—No Iris Seen
11—Opaque Lens
12—Opaque Capsule
20—Cataract both Eyes most advanced in Right
21—Cataract
25—Closed Pupil

RUTH (Ophthalmic).

27—Glaucoma
46—Irido Cyclitis
48—Opaque Capsule Left Eye

GENERAL NEWS.

—o—

The Bible Class will meet next Thursday the 19th inst., at 9.15 p.m., at Hibernia Chambers, London Bridge. Subject—Jonah iii. 1-9.

The following paragraph taken from the *Medical Press and Circular* is interestiug in connection with the notes published in page 53, in which disease of the supra renal capsules existed without the bronze skin. Dr. Merkell relates (*Deuts. Arch, f. Klin Med.*, 1873,) a case of bronze skin where there existed all the symptoms of Addison's disease, and at the *post-mortem* examination, whilst the supra renal capsules where healthy, there were found tubercles in the peritoneum, with perihepatitis and peri-nephritis.

FOUR AT A BIRTH.—The *Independance* of Brussels mentions thatan extraordinary case of fecundity has just occured at Fexhe-Llins, in Belgium; a woman named Larose has given birth to four children, three boys and one girl, all perfectly formed and in good health. The infants are all alive, and like the mother, doing well. The husband is a labouring man earning 4fr. 50c. per day. His family before consisted of five children.—*Echo.*

ACUTE TETANUS CURED BY SUBCUTANEOUS INJECTION OF NICOTINE.—Dr. E. Wath relates in the "Australian Medical Journal" for September, 1871, a case of acute tetanus, marked by "terrible opisthotonos," in which he injected into the areolar tissue of the thigh half a drachm of solution, one drop of pure nicotine in an ounce of water. The pulse immediately sank to 60; all the muscles relaxed, except those of the neck; and presently the patient began to prespire. He fell into a sound sleep for four hours, after which he had fully recovered speech. On awaking he said he felt "all benumbed." He then took some wine-and-water, and an egg beaten up in milk. The injection was used at twelve o'clock at night. The patient awoke about four o'clock next morning. One hour later, a pill of one grain of extract of nicotine of the Hessian Pharmacopœa was administered to him. He again awoke drowsy at 9 a.m. Although his body felt very sore, the tetanic symptoms had ceased, and from this time his bowels and bladder acted regularly. A pill of the same extract was given for three nights following, after which the patient felt and continued well.

CORRESPONDENCE.

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[*We do not hold ourselves responsible for any opinions expressed by our Correspondents.*]

To the Editor.

Sir,—Perhaps a short history of the following case which came under my notice lately may be interesting to some of your readers.

Mrs D., æt. 50, was attacked with great feverishness; after the interval of a day or two an eruption appeared on her arms and hands, from the elbow downwards, accompanied with swelling, especially of the backs of the hands and fingers, so much that her wedding ring had to be cut. The eruption was vesicular and circular in form, some spots the size of a sixpence, while others and by far the greaternumber, were as large as crown pieces,others again were confluent. There were a few spots on forehead and cheeks but none on body. There was great itching and burning, which lasted nine days or a fortnight and then disappeared, as also did. the swelling, the vesicles also disappeared, and the eruption became erythematous,and lastly desquamation took placewhere the spots were, the skin of the hands came away like a glove The treatment I adopted was at first Diaphoretic and Saline, at last Saline alone, with Lotio Plumbi to allay the irritation.

J. T. JONES.

Llanfyllin.

MEDICAL MICROSCOPICAL SOCIETY.

The next meeting of the above Society will be held on Friday the 20th inst., at the Royal Westminster Ophthalmic Hospital, at 8 p.m.

ATHLETICS.

—o—

Next Monday, the 16th inst., the Guy's Hospital Athletic Sports will be held in Mr. Page's grounds at Tufnell Park. The following programme will be carried out :—

100 yards Flat Race	120 yards Hurdle Race
Throwing the Cricket Ball	Throwing the Hammer
One Mile Flat Race	High Jump
Half Mile Race	Putting the Shot—16 lbs.
Quarter Mile Race	Long Jump
Two Mile Race	250 yards Flat Race

Sports to commence at 12 o'clock. We shall publish a full report in our next number.

The United Hospitals' Athletic Sports will be held at Lillie Bridge, on Monday the 23rd inst., when a similar programme will be carried out. The result of next Monday's sports will enable us to come to some conclusion as to the hope of Guy's men still retaining the shield.

THE NOTICE BOARD.

—o—

There will be three Appointments of House Physicians, and three of House Surgeons for the ensuing six months.

Candidates for the same are requested to send their applications to the Treasurer, on or before Wednesday 25 ult.

J. C. STEELE,
Superintendent.

June 12, 1873.

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NOTICE.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

Gentlemen at the Hospital are reminded that the new subscriptions are now due, and will greatly oblige us by paying the same to one of the Editors as soon as possible. The subscription from May to the end of September will be 3s. 6d.

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If Gentlemen, who are at PRESENT GUY'S STUDENTS have any Articles of a Professional character to dispose of, they may Advertise the same in this Column at the price of Sixpence for an Advertisement not exceeding Twenty Words.

All communications to be addressed to
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"Guy's Hospital Gazette,"
Guy's Hospital, S.E.
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Printed and Published for the Proprietors by ORLANDO GIBBS BRIMMER, at 104, Borough High Street, Southwark, Surrey.—Saturday, June 14, 1873

Guy's

Hospital Gazette.

VOL. II.—NO. 8. SATURDAY, JUNE 21, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

WE have received several letters on the subject of Relief for Patients in the Lying-in Charity, and we would give our most hearty support to any scheme which was likely to aid in relieving the great necessity of some of these patients.

There are, however, several points in our correspondents' letters to which we would take exception. In the first place our correspondent, "W. P.," seems to indicate that Students are the source from which the means of relief should be derived. Now it seems a very fair rule that those who give their personal services to the relief of suffering should not be called to aid in other ways. This was the plan pursued with regard to the surgeons who volunteered their services for the relief of the wounded in the late war, and it seems to us a very fair one. Now, Students as a rule have not more money than they know what to do with. Many come to the Hospital with barely enough to pay the necessary expenses attached to their course of study. A man, therefore, who starts a new subscription wherewith to burthen his fellow-students should well consider whether the object which he has in view is one that really claims special support from Students. We are not now speaking of the old-established subscriptions for Physical Society or Athletic sports. These are what we may call our national institutions, and should receive the support of all. Or if, again, such Students as are fond of boxing and single-stick chose to club together to purchase the necessaries for such pastime, they have a perfect right to do so, provided they don't bother men who don't box and fence to pay for their amusement, and we think, that as far as our Boxing and Fencing Club are concerned, they have kept themselves to themselves in that matter. But the power of being able to button-hole one's fellow-Student in the Colonade, and bother him to subscribe to something of which he now hears for the first time, is a power that may be much abused, and we quite sympathize with a correspondent signing himself "One Constantly Dunned," who resented when called upon to purchase an organ which he was never likely to hear.

Some Students seem intensely fond of this button-holeing business. We wish we could get some of them to collect our outlying subscriptions, but we do not think anyone would be thanked for having raised a new line of operations for them. We therefore think that Students who give their personal services in medical attendance on the poor patients' or in aiding the proper distribution of such good things as a Student's Committee might collect from charitably-disposed persons, have done their share of the work, and though we would not suggest that Students' subscriptions should be refused in this fund—if the fund be established—yet we would not have them dunned for their money.

Then, with regard to a suggestion made by "An Old Obstetric Resident," as to the "orders for soup on the Hospital Kitchen." All our readers may not be aware that when our Lying-in Charity was first commenced, a scheme similar to the one now proposed was tried, but for many reasons it had to be given up. In the first place a number of bags were fitted with napkins and other necessaries for the Lying-in Chamber. But these bags when issued were not forthcoming again, and so their number diminished and the idea was abandoned; for to give one bag of linen to each patient attended in our Lying-in Charity would be rather a large order. Then Students were allowed to issue orders for soup, &c., on the Hospital Kitchen, when the patients they attended were really in want, but this license was so much abused, that it almost amounted to feeding the neighbourhood, and so it had to be withdrawn. We all have a tendency to underate the value of things for which

we do not pay ourselves. Students at Hospitals often cut a bandage which in private practice they would save.

If, then, a Student Committee undertake the collection and distribution of money and *materiel* for the patients in our Lying-in-Charity they would have many difficulties to contend with, and it is very doubtful whether a succession of Students could be found who would be willing to give the time necessary for the management of such a fund. If, however, those Students who are interested in the matter, will favour us with their opinions, we shall be glad to publish any suggestions likely to prove of practical value.

There are many points which bear on this matter which have not been touched upon in this article, but our space being limited, we cannot enter any further into the subject this week.

We must congratulate those members of the committee of the United Hospitals Athletic Club who have had the choosing of the prizes. Several of the prizes this year consist of articles which will prove useful as well as ornamental and all reflect great credit on the makers, Messrs. Cormack Brothers, of Ludgate Hill. As Elijer Goff says, "Ornaments is apt tu be locked up, and ultimetly melted down at an enormous sakrifice," and though we would not for a moment suppose that any winner of a prize would go further than the locking-up part of the business, yet this is bad enough, and so we congratulate the committee in the choice of useful prizes. One thing specially took our fancy, and that was an aneroid barometer, a clock, and a thermometer all combined; this will prove a most useful ornament for the hall of the fortunate winner of the broad jump, when he sets up housekeeping; sundry travelling bags and dressing cases, fitted complete; a carriage clock, a claret jug, two or three race and opera glasses, form a goodly array of useful presents. The cups also are very handsome and are well-chosen. Altogether the prizes this year will not in any way be behind those of former years, either in value or in artistic merit.

But the great question which interests all Guy's men is, who will win the shield? We will not venture to offer a prognosis on this subject; all we can say is, that we have some very good champions who will strain every nerve to win for Guy's.

LADY DOCTORS.—BRISTOL, JUNE 11,—The Committee of the Bristol Children's Hospital recently proposed to elect Dr. Eliza Walker to the vacant post of house-surgeon. Upon this the medical staff threatened to resign. To-day a meeting of the subscribers was held, when the following resolution was carried by 72 votes to 17—"That medical and surgical appointments to the hospital be henceforward open to lady candidates.

CORRESPONDENCE.

—o—

[*We do not hold ourselves responsible for any opinions expressed by our Correspondents.*]

THE FIVES COURT.

To the Editor.

Sir,—I shall be obliged if you will give publicity to the following statement from the Fives Court Committee :—

This Committee was elected by a general meeting of Students held in the Anatomical Theatre on December 2nd, 1872, for the purpose of considering and reporting to the Treasurer upon the best plan for the erection of a Fives Court for the use of the Students. After considerable deliberation the Committee drew up a petition to the Treasurer on the subject, which was presented on December 18th. The Treasurer was pleased to return a favourable answer, and before the end of March the present Court was erected at the cost of the Hospital. In consequence of the large number of Students who at once availed themselves of it, the accidental breaking of windows soon became a nuisance, and, the architect having called the attention of the Committee to the fact, they set on foot a collection among the Students to defray the cost of covering the most exposed windows with wire-netting. A little over **£5** was collected, and with this sum the necessary protection has been provided.

The Committee now feel that their work is finished, and that the need for their existence has ceased. They, therefore, beg hereby to tender their resignation to the Students who appointed them; trusting that its silent acceptance will avoid the necessity of summoning a general meeting.

As one new rule has been added since those you published in March, and as upon its strict observance partly depends the possibility of the Committee's honourable resignation, I shall be further obliged if you will publish the rules in full, a copy of which I enclose.

I am, Sir,
Yours obediently,
R. J. PYE-SMITH,
Hon Sec. to the Committee.

June 17, 1873.

Rules of the Fives Court.

I.—The Court shall be open to all Students of the Hospital till 3 p.m. during the Winter Session, and till 4 p.m. during the Summer, after which hours it shall be at the disposal of the Residents.

II.—Every party of players shall provide their own balls.

III.—The game played shall be eleven up.

IV.—No two players shall retain the Court for more than one game, and no four players for more than two games, if others are waiting to play.

V.—The Court shall not be engaged before-hand in any way, but those who have been waiting longest shall have the preference in coming on.

VI.—Any player breaking a window shall pay one shilling for its repair. Money to be given to Mr. Chapman, Foreman of the Works, at his office.

RELIEF OR PATIENTS IN THE LYING-IN CHARITY.

To the Editor.

Sir,—I have been much interested in the perusal of a letter, signed "An ex-Extern," in last week's number of *Guy's Hospital Gazette*, as the subject to which it relates has occupied my attention a good deal, although, I regret to say, with no practical result. My object in writing is, in the

first place, to offer to send a subscription, if required, for helping to start the experiment, and, secondly, to suggest the possibility of adopting, in addition, some such scheme as that which, I hear, has been long in action at St. Thomas's, —where students attending midwifery cases are allowed to give to necessitous patients orders for soup on the Hospital kitchen.

I am, Sir,
Your obedient servant,
An Old Obstetric Resident.

June 9, 1873.

To the Editor.

Sir,—I cordially agree with your correspondent, "An ex-Extern," and think his suggestion might easily be carried into effect, if he, or some energetic Student, would try to form a Committee, for the most appropriate disposal of the money and materiel which I feel sure would not be slow in collecting. The Committe would undoubtedly receive the support of every ex-Extern, and, whilst each succeeding month would be adding fresh names to the list of subscribers, it may very reasonably be hoped that *all* subscriptions would not cease with the termination of the Student's career.

Out of several distressing cases I will mention one, which I think will enlist the sympathy, and, I hope, the subscription of many a Student. The case I refer to, is that of a woman whose husband had been out of employment for some time, and having a large family of small children, decided upon trying his luck in the country about a month previous to his wife's confinement. The house was situated in the corner of a *cul de sac* of a very dirty street, the room was on the fourth floor. It was extremely cold weather, and on entering I immediately perceived there was no fire; the window panes were mostly broken, and the door which hung on one hinge only, insisted upon standing wide open; I partially remedied the former by the help of two pins and a very old skirt, the latter I had to fasten with string.

The poor woman had pledged everything, with the exception of the bed she laid on, and a small wooden crib about the size of those used in the wards, in which I was started to find *four* children, two heads and one pair of feet appearing at one end, and two more heads at the other. In addition to these four, there was another child sharing its mother's bed. Everything around bore the most distressing evidence of the utter destitution of the poor woman and children, and had it not been for the pure charity of her neighbours, the family must have starved. Such cases are not few nor far between, and to such a one a few shillings a week would be of the greatest benefit, during the brief period before the poor woman could resume her occupation.

I shall be most happy to subscribe to the fund, and hope many others will also, for

"Nihil est alind magnum quam multa minuta."

Apologising for having trespassed so much on your space,
I am,
Yours obdiently,
W. P.

THE OPERATING THEATRE.

Tuesday, June 17, 1873.

Amputation through the Fore-arm.

By Mr. Bryant.

This was for malignant growth just above the wrist, occurring in a patient aged 67. The disease had commenced two years ago, as a small tubercle; six months ago it broke down and ulcerated, having spread very much in that time. The disease seemed to go very deep down, involving the tendons beneath it. Mr. Bryant stated that there was only one way to deal with the growth. It would be bad surgery to attempt to interfere in any other way than by amputation. He therefore proposed to amputate through the upper third of the fore-arm, and as there was no glandular enlargement, and the patient's health was good, the prognosis would be favourable. The best amputation for the fore-arm consisted in making two semi-circular flaps through skin and subcutaneous tissue, and then dividing the muscles by a circular incision. Anything like transfixion and ordinary flaps would not form a nice stump, as the tendons would produce ragged edges. He then proceeded to operate, making semi-circular flaps through the skin and superficial fascia and dividing the muscles by the circular operation. The bones were then sawn through and the vessels twisted. The growth on section confirmed the diagnosis.

Removal of Nævus from behind the Ear.

By Mr. Durham.

This occurred in a child aged 7, and had been gradually increasing in size since its birth; it now was about half the size of an egg, and was situated behind the right ear just over the mastoid process. Mr. Durham said that the skin over the tumour appeared so thin that any slight accident might cause hæmorrhage of a dangerous character; something, therefore, must be done, and the question was what had best be done? It was not a case for ligature, as there would be such a large sloughing mass to come away, and it was too large to be destroyed by the galvanic cautery; a seton would be a tedious process, even if successful, and injection would be dangerous owing to the position of the tumour. Mr. Durham, therefore, simply intended to excise it. He proceeded to remove it by careful dissection; during the operation nævus became emptied of its blood, and reduced to less than half its original size. The bleeding was controlled by ligatures and torsion.

Amputation at the Knee Joint.

By Mr. Birkett.

This was for a malignant growth on the leg, occurring in a man, aged 44.

About 24 years ago patient put his leg into a pail of hot liquor at the Chemical Works, at Deptford, scalding the upper third of his left leg. He was taken aboard the Dreadnought, where he remained under treatment for five months; he was next under treatment for ten months at St. Thomas' Hospital, and discharged cured. On resuming work, however, his leg ulcerated again, and the ulcer has healed at times, and broken out again ever since. Six months ago there appeared in the centre of the ulcer a hard nodulated swelling about the size of a walnut. Before operation, the growth was warty-looking and nodulated, commencing over the fibula about 3½in. above the left external molleolus; it extended upwards for about 2½ inches, and at the upper part was replaced by an excavated ulcer, in which was seen a piece of necrosed fibula. Patient seemed very much wasted by the disease. Mr. Birkett amputated at the knee-joint, making anterior and posterior flaps, the anterior flap being the longest; both flaps were cut from without. The vessels were closed by torsion, and the flaps brought together with sutures.

REMOVAL OF BREAST FOR CARCINOMA:

By Mr. Durham.

Patient was a widow, aged 37; she had always enjoyed good health. About ten weeks ago she first noticed a hardness in her left breast around the nipple. This had been gradually increasing in size. Mr. Durham thought that the tumour must have existed for a longer period without the patient being aware of its existence. There was a large gland in the axilla. The nipple was not contracted as in carcinoma, but all the other parts led to the opinion that the growth was of a malignant character. Mr. Durham, therefore, proposed to remove the breast and the enlarged gland. He then proceeded to do this by means of two elliptical incisions, removing the breast and then dissecting-out the gland. Torsion was applied to the vessels and the soft parts adapted by sutures. The growth on section presented the appearance of carcinoma.

MEDICAL WARDS.

The following cases were admitted from June 12 to June 18, 1873.

PETERSHAM.

8—Chorea
19—Anæmia, with Mitral Contraction
21—Cerebral Tumour

PHILIP:

9—Bronchitis
14—Cerebral
27—Aneurism—Old Indian Fever
32—Rheumatism (after Gonorrhœa)
33—Sequelæ of Syphilis
40—Phthisis—Bronchitis
42—Catarrhal Tonsilitis
45—Early Phthisis—Old Indian Fever

STEPHEN

22—Albuminuria and Bronchitis
25—Chronic Peritonitis
26—Vomiting
29—Locomotor Ataxy
30—Aortic Disease
33—Subacute Rheumatism
35—Abdominal—after Injury

MARY.

9—Rheumatism

ADDISON.

7—Exophthalmic Goitre
9—Coma—Pregnancy—Miscarriage
33—Subacute Perionitis after Strain
39—Acute Rheumatism

BRIGHT (Clinical),

24—Quotidian Ague
27—Bronchitis
29—Abscess in Throat

ASTLEY COOPER (Clinical),

15—Left Pneumonia
38—Phthisis—Anæmia

SURGICAL WARDS.

M. A. G., æt. 23, admitted into Dorcas under Mr Durham April 24th, 1863.

Patient states that her father and mother are dead, the latter from cancer of uterus; had thirteen brothers and sisters all of whom are dead, chiefly from brain fever and dropsy; does not remember having any serious illness herself. On the 4th of last February she was accidentally shot with a fowling-piece, at a distance of 100 yards, above the left breast and side of neck; she was taken to a country hospital, and about 30 shots removed. She states that there was a good deal of hæmorrhage for a day or two afterwards, and that she could not move her arm or hand. She remained in the hospital till the wounds made by the shots were healed (six weeks.) Says she had a little more use in her hand during the last three weeks.

On admission, above the left breast and side of neck there were numerous small cicatrices where the shots were extracted, also a few shots can be felt very superficial. There is a "thickening, of a cicatricial character and feel immediately above the clavicle, and going downwards apparently deeply into the neck. It is painful on pressure, when she experiences a feeling of 'pins and needles' down her arm, forearm and all of the fingers." Patient cannot lift the arm from the side, but can move it backwards and forwards; "this she does by the neck muscles of the shoulder *i.e.* the trapezius and levator anguli scapulæ, the pectoral muscles act a little; flexion and extension of the fingers perfect, pronation and supination imperfect, but still accomplished, somewhat stiffley. Cannot flex the elbow herself. There is no impairment of sensation, but complains of a "numby feeling." Appetite very good. Patient is hysterical and appears now and then to be slightly deranged.

May 6—Operation. Mr. Durham made a vertical incision on left side of neck about three inches long, and carefully dissecting and taking away some pieces of blackened tissue, he came down on the posterior and outer cord; he found the shots lying on the cord, being pressed on to it by the omohyoid muscle, On examining the wound carefully with his finger, and not feeling any more hardness, he did not feel justified in exposing the other cord, nor in examining to see if there were any indentation in the injured cord. The wound was stitched up and dressed with carbolic oil and cotton wool.

May 7—Had an epileptiform fit last night; patient being perfectly rigid for some time, was quite unconscious, arm swollen. Slight movement in fingers. Vomiting very much, ordered ice. Has a little difficulty in breathing. Temp. 103·8 Pulse 122. Resp. 48.

May 8—Vomited a little the early part of last night had a very bad night, very flushed. To have Inj. Morphiæ gr. $\frac{1}{3}$. Temp. 103·8. Pulse. 120. Resp. 30.

May 9—Slept till 4 a.m., when she began to vomit which has continued. Slight flush over shoulder and breast. Ordered Conium and bread poultice. Tinct. Ferri. Mur. 20m. every four hours. Temp. 103. Pulse 110. Resp. 20.

May 10—Slept better last night, vomited a little this morning, Temp. 103.2. Pulse. 120. Resp. 24.

May 11—Vomiting ceased; ordered brandy.

May 12—Flushed, seems drowsy. Temp. 103·6. Pulse 120.

May 13—Slightly delirious, countenance anxious, face flushed. Temp. 103·2. Pulse 118.

May 14—Still delirious. Temp. 103·4. Pulse 120.

May 15—Erysipelas spreading down arm. Temp. 103·6. Pulse 120.

May 16—Very delirious, had to be kept down in the bed. Chloral Hyd. 10 grs.

May 17—Was removed to spare room last night. Brandy to be discontinued. Chloral Hyd. 10 grs., to be given if needed.

May 18—Had one dose of Chloral last night and slept till early this morning. Appetite good. Gets very excited at times, imagining she is talking to people; is perfectly rational when spoken to. Temp. 99·6. Pulse 100.

May 19—Very excited. Had two doses of Chloral last night, slept for a few hours, eat a good breakfast. Wound looks pretty healthy. Removed to the Union preparatory to being taken to an Asylum. Temp. 98·9. Pulse 92.

We are indebted to Mr. A. Smart for the following notes of a case of

RUPTURE OF PECTORALIS MAJOR.

G. C., æt. 33, states that while he was crossing the street he was run over by a two-horse van, the wheel of which passed over his right shoulder and side. Patient, on admission, complained of intense pain about the shoulder in the pectoral muscles, and was unable to lift his arm. On examination the pectoralis major muscle was found to be ruptured about its centre, producing the following symptoms:—Inability to adduct the arm, intense pain at the site of the rupture, and a slight swelling about the centre of the muscle, consisting of blood effused between the ruptured ends, and a space felt between the ruptured ends. The arm was bandaged over his chest, and patient appears to be progressing favourably.

The following cases were admitted from June 12 to June 18, 1873.

ACCIDENT.

8—Fracture of Ankle
11—Fractured Tibia
16—Fractured Femur
22—Rupture of Pectoralis Major
30—Fractured Tibia and Fibula
32—Fractured Ribs, Dislocation of the Shoulder, Injury to Stomach

CORNELIUS.

7—Fractured Ribs and Scalp Wound

LYDIA

1—Bad Toe
15—Dislocation of Hip-joint on to Dorsum—Displacement
16—Disease of Hip-joint
19—Talipes
23—Cancer in middle 3rd of Forearm—Amputation

MARTHA.

3—Periostitis
7—Fracture of Neck of Femur
11—Talipes Varus
12—Lupus in Face
13—Epispadias
14 (cot) Abscesses in right Thigh and both Feet
20—Tumours in both Knees

LAZARUS.

4—Scalded Leg
5—Injury to Bladder
20—Scald on Chest, &c.
21—Ulceration of Leg
22—Dry Gangrene

JOB.

8—Urinary Fistula

NAAMAN.

10—Stricture
20—Diabetes

LUKE.

12—Fistula
13—Growth on Nose
21—Contracted Arm after an Injury by Machinery

DORCAS.

7—Bad Leg
22—Bad Hip

CHARITY.

4—Suppuration in Bursa Patella
11—Scirrhus of L. Breast
13—Diseased Elbow-joint
15—Fractured Tibia and Fibula

RUTH (Ophthalmic)

21—Cataract (?)

BARNABAS (Ophthalmic.)

29—Inflammation of Optic Nerve
32—Granulations—Iritis
36—Cataract

ATHLETICS.

—o—

(From an Occasional Correspondent.)

On Monday last the members of the Guy's Hospital Athletic Club held their annual meeting at Page's Ground, Tufnel Park in real June weather, the sun shining brilliantly during the whole of the day.

The first event on the programme was a 100 *Yards Flat Race*, which was timed for 12 o'clock, but owing to the late arrival of many of the competitors, a start was not effected till half-past one, when the heats were run off; the race eventually resulting in favour of Mr. W. J. Tyson, A. Smart, second.—Time 10½ secs. The other competitors were—F. J. Elliot, G. McKern, W. Gray, A. Pearson, F. McClean, J. Pritchard.

The next event, *Throwing the Hammer*, brought out several competitors, and was won by Mr. W. Gray, who threw 66 ft. 4in. Mr. Vinter, a good second, with a throw of 65 ft. 7 inches.

The *High Jump* was won easily by Mr. C. L. Jones, who cleared 4ft. 10¼in. in capital style, and this being more than Mr. McKern, who was second, could accomplish, the winner did not make any further attempt; but had he been put to it, he could, without doubt, have cleared an inch or two more.

The 120 *Yards Hurdle Race*, over ten flights of hurdles, was won easily by Mr. W. McKern. Mr. F. J. Elliot second. The following also ran:—W. Gray, W. F. Tyson, A. Smart, J. F. Breach.

Throwing the Cricket Ball, the next event, was won by Mr Pritchard, with a throw of 94 yds 2 ft. Mr. A. Smart second.

The *One Mile Flat Race* brought out only three starters, and as one—Mr. Stevens—retired very early, it resolved itself into a match between Mr. Maltby and Mr. Bain, the former waiting upon his man till within about 100 yards from

home, when he shot to the front, and won by several yards the time being 4 mins. 50 sec.

Half Mile Race which followed, was won by Mr. Tyson Mr. F. J. Elliot second—time, 2 mins. 15 secs. The following also ran:—A. W. Pearson, W. Gray.

Putting the Shot resulted in an easy victory for Mr. Vinter, with a good put of 32ft. 11in. Mr. W. Gray second.

The *Quarter Mile Race* was won by Mr. Tyson. Mr. F. J. Elliot second—time 56 secs. The following also ran:—A. Smart W. Gray.

The *Long Jump*, again, was won by Mr. C. L. Jones, who cleared 18ft. 9in. to the fore. Mr. Vinter, 18ft., second. Mr. A. Smart also competed.

The event of the day was the *Two Miles Race* which followed, and for which there were five starters. Mr. Maltby at once taking the lead made all the running, and won as he liked, putting on a grand spurt at the finish, and coming in over 100 yards ahead of Mr. Bain, who again ran second. —time 11 mins. 6 secs. The following also ran:—H. Stevens, C. W. Johnson, J. Pritchard, W. Gray.

250 *Yards Flat Race* was won by Mr. Tyson, Mr. Maclean being a good second; the time was stated to be 29 secs.

A *Consolation Race* of 300 yards, won by Mr. Breach, brought to a conclusion a most successful and agreeable meeting.

The attendance was at no time large, and a few ladies graced the proceedings by their presence.

CRICKET.

GUY'S v. CRYSTAL PALACE C. C.

This match was played on the Crystal Palace Ground on May 21st; the C. P. team was two strong for us, Strachan and Burls, their two first men, completely collaring the Guy's bowling, made 136 before they parted. Kidd played a good innings of 41 not out for Guy's, making in one over of Strachan's four successive drives for four each. Score:—Guy's, 1st innings, 129. Crystal Palace, 1st innings, 259.

LEWISHAM C. C. v. GUY'S HOSPITAL

This match was played at Ladywell on May 27th. Mainly through the good batting and bowling of a Guy's man, Geo. Power, Lewisham won by three wickets. Score:—Guy's, 1st innings, 54. 2nd innings, 96 —total, 150. Lewisham, 1st innings, 61. 2nd innings, 90.—total 151

GUY'S v. YALDING C. C,

This match, which cost more trouble and labour in getting a team of any kind together than all the other matches combined, was played at Yalding on June 13th. It is much to be regretted, for the sake of the cricket honor of Guy's, that so many men whose assistance in our matches is so much valued, on this occasion said they could not play, and doubtless they will feel sorry to learn, that had they played for us Guy's would in all probability have come off victorious. Notwithstanding the weakness of our team, only five men belonging to our usual Frst Eleven playing, and in addition being two short, having to play the gentleman who went down to score (he of course being totally unprovided with cricketing things, thus fielding at a great disadvantage,) and find a substitute on the field to make up the eleven: Guy's were only beaten by ten runs Yalding had a strong team, playing several gentlemen who have played for the Kent County Eleven, Boughton played exceedingly well for his thirty-nine. Power and McKern did good service for Guy's, bowling throughout both innings of the Yalding men. Score:—Yalding 1st innings. 88; 2nd innings, 34.—total 122. Guy's, 1st innings, 78.

GUY'S HOSPITAL v. UNIVERSITY COLLEGE.

Played at the Caledonian Road Ground on Saturday, May 24th. Guy's first took the wickets, and although they played a very weak team of only ten men, still they managed to make a total of 127 before they were all disposed of. Giblin, Seymour, Edensor, and Wallis each made double figures. University made 123, and were thus beaten by four runs only. Towards the finish the match became very exciting. The time of drawing stumps was fixed at 6 o'clock, at a quarter to six University wanted 15 runs to win, and had four wickets to fall. The 7th wicket fell for 114, the 8th for 115, the 9th at one minute to six for 123; the 11th man being hurt did not bat, so leaving the victory in the hands of Guy's. Davenport bowled well throughout the innings.

GUY'S v. BARTHOLOMEW'S.

In the above match, which was played at Ladywell on June 5th, again Guy's were fated to lose. Three of our 1st eleven, two of whom were good bowlers as well as batsmen, were unable to play for us, thus weakening our team considerably; still, had Guy's in their first innings made the runs that they showed they were worth, by the form they displayed in their second innings, they would probably have scored a win. As it was Bart's. won, on the first innings, by 56 runs: Score:—

BARTHOLOMEWS' 1st Innings		2nd Innings.	
Thring, run out	19	c Robson, b McKern	0
Kebbel, run out	4	c Edenson, b Wallis	7
Roughton, b Seymour	22	b McKern	10
Footell, b Wallis	6	b McKern	52
Vernon, b McKern	7	b Boughton	2
Tarleton, c Boughton, b McKern	13	not out	15
Dorrington, b McKern	15	b McKern	3
Wharry, absent	0	absent	0
Bussey, b Seymour	11	run out	0
Smith, b McKern	0	c subst., b Boughton	5
Carter, not out	0	b McKern	16
Extras; leg-byes 3, wides 2	5	Bye 1, wides 4	5
	102		95

GUY'S 1st Innings.		2nd Innings,	
J. T. Carey, c Dorrington, b Kebbel	15	c Smith, b Tarleton	28
A. Edensor, c Footell, b Kebbel	0	b Footell	18
J. Boughton, b Tarleton	7	c Kebbel, b Footell	4
H. Hetley, c Thring, b Tarleton	2		
J. McKern, b Tarleton	1		
P. Wallis, b Tarleton	9	not out	6
E. S. Robson, c Roughton, b Tarleton	3		
E. O. Giblin, b Kebbel	0		
H. Williams, b Tarleton	6		
F. Seymour, not out	1		
W. Phelps, run out	0	not out	0
Extras; bye 1, wide 1	2	Bye 1, wides 4	5
	46		60

GENERAL NEWS

—o—

The following Guy's men passed the Pass Examination for the Fellowship, and were duly elected Fellows at a meeting of the Council on Thursday last:—

H. Morris, M.A., M.B., L.R.C.P. Lond.
J. G. Wiseman, L.R.C.P. Lond., L.S.A.
W. H, Jalland, L.R.C.P. Lond.
E. Bovill.

The patient with cut-throat in No. 6, Accident Ward, presents symptoms of pleurisy.

On Monday, the 9th inst., another case of cut-throat was admitted into Accident Ward. The patient presented a gaping wound about three inches below the thyroid cartilage. Patient is fed by means of a tube passed through the mouth to the stomach. The wound was dressed with dry lint, and the head kept forward by a bandage. Patient appears to be doing well.

ROYAL COLLEGE OF SURGEONS.

Diploma of Member.

The next Primary Professional Examination will be held on Thursday, the 12th of July, 1873; and the next Pass Examination on Friday, the 18th of July, 1873.

Apothecaries' Hall,
June, 1873.

Notice to Students.

The Examinations henceforth will be divided,

The Written Examination will take place on Wednesdays, and the *viva voce* Examination on Thursdays.

Those Students only who have to undergo the writing will therefore have to attend at half-past Four o'clock on Wednesday.

R. H. ROBERTSON,
Secretary to the Court of Examiners.

THE NOTICE BOARD.

—o—

Mr. Davies-Colley gave the first of a course of Clinical Lectures in the Anatomical Theatre yesterday, and which will be continued every succeeding Friday, until further notice, at 1.30 p.m.

A competitive examination of candidates for admission into the Medical Service of the Royal Navy will take place at the University of London, Burlington Gardens, on Monday, August 11, 1873.

Further particulars may be seen on the Notice Board at the Hospital.

Mr. Goodhart will commence his Pathological Class for the July Examination at the College of Surgeons on Tuesday, June 24, at 9 a.m., in the Museum.

All Gentlemen who wish to attend are requested to leave their names in the Surgical Registrar's Room as soon as possible.

(Signed) J. C. Steele.

June 17, 1873.

RECEIVED—"The Medical Record."—"Medical Press and Circular."—"The Aberdeen Medical Student."—"The Students' Journal and Hospital Gazette."

FOR SALE.—NINE of the earliest VOLUMES of the 'LANCET,' viz., Vols. II. to X., published in 1824-1825, containg Full Reports of Dr. Abernethy's Lectures, with reports of the dispute which arose from their publication; Full Accounts of the Gardner Peerage Case, &c., &c. —Offers will be received at the Office of this Paper.

WANTED, A "MANUAL of the PRACTICE of SURGERY," by WM. FARLIE CLARKE, M.A. F.R.C.S.—Apply at the Office of this Paper,

FOR SALE, TWO complete SETS of the First Volume of "Guy's Hospital Gazette," from 1st October, 1872, to April 26, 1873, price 10s. each set. Also several Sets wanting in the first two or three numbers.—Apply at the Publishing Office.

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NOTICE.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

A RED CROSS on the wrapper means that the subscription is due.

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All communications to be addressed to
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"Guy's Hospital Gazette,"
Guy's Hospital, S.E.

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Printed and Published for the Proprietors by ORLANDO GIBBS BRIMMER, at 104, Borough High Street, Southwark, Surrey.—Saturday, June 21, 1873

Guy's Hospital Gazette.

VOL. II.—NO. 10. SATURDAY, JULY 5, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

St. Bartholomew's Hospital takes the Challenge Shield this year for the first time. This shield has been held three times by Guy's, viz., in 1867, '71, and '72, twice by King's viz., in 1869 and '70, once by St. George's in 1868. At the Sports this year St. Bartholomew scored five wins, King's three, and Guy's and St Thomas's one each.

On Tuesday last the following changes took place in the senior appointments:—Mr. Turner and Mr. Ticehurst becomes senior House Physicians. Mr. Galabin becomes junior House Physician. Mr. Golding Bird becomes senior House Surgeon and Mr. Eastes junior House Surgeon. Mr. Branfoot becomes senior resident Obstetric Assistant, and Mr. Kirby Smith, junior resident Obstetric Assistant.

On Saturday last the annual athletic contest of North *v.* South, took place at Lillie Bridge. Mr. Maltby, the winner of the two-mile race at the United Hospital Sports, ran for the South in the three-mile race, but unfortunately broke down, owing to some muscular fibres giving way in his leg. He had been leading the race up to the time of his accident. This is the first time a Guy's man has been selected to run at these Sports, and we wish Mr. Maltby better success next year.

The *Medical Press and Circular* understands that Dr. Tholozan, Physician to his Imperial Majesty the Shah, in acknowledging the receipt of copies of Surgeon-General Gordon's works on the "Hygiene and Surgery of the Franco-Prussian War," and of "The Soldiers Manual of Sanitation," presented by their distinguished Author, writes that the works will be studied with the greatest interest, as at the present time there may be said to be no system in the Persian Army. It is well known that the Shah intends to introduce many reforms upon his return, and we may expect that openings will be made for members of our Profession.

It is very necessary that in a hospital there should be every facility for administering baths to patients, either for purposes of cleanliness or in the treatment of disease. We therefore note with pleasure, that a great addition is now being made to our bathing arrangements, in the shape of a new bath-room, which is being fitted up in the old kitchen under Cornelius Ward. The room will be divided into four compartments in each of which will be placed one of Finche's porcelain baths, fitted with a supply of hot and cold water. A shower-bath will also be placed in the room. This bath-room from its position will be easily reached from all parts of the building.

There are some examiners whose voices seem to produce a most distressing condition of nervous depression, accompanied with profuse diaphoresis in the unfortunate candidate who comes before them. And this may occur without any assignable cause, unless we believe in the existence of a species of instinctive antipathy which appears to exist between certain individuals. And perhaps in the case of a student and an Examiner, this condition of things is greatly brought about by the tendency then is in students to look upon Examiners as their natural enemies. A student generally enters the examination room in a state of nervous anxiety, and it often turns on the very first word which escapes an Examiner's lips, whether that state of mind is to be kept up or not. If the Examiner's tone and manner appears to be kindly, the student begins to feel himself at

home, and then and only then do his answers represent a true state of his knowledge. There are of course some Examiners who are more popular than others, and some whose names, often without any just ground, have a shade of terror thrown around them. Amongst the former class we may place Mr. Lane, who after five years office has now retired from his Examinership, and loud were the wailings amongst intending candidates when this fact was announced. We can but endorse, what the *British Medical Journal* says, that, "Candidates for diplomas, have found Mr. Lane, a type of a perfect and kindly gentleman, who while upholding the standard of examination, has emboldened and encouraged every candidate, by his natural kindness of manner, and life long experience of students, to do his best and show what knowledge he had,....."he will long be gratefully remembered as a model Examiner at the College."

The duties of Extern Obstetric Attendant are never very pleasant, but during the summer months those Externs who are possessed of an ordinary amount of sensitiveness in their skins, feel their position exceedingly uncomfortable when, on entering a room, in which they may be destinded to spend several anxious hours, they notice sundry red blotches on the walls varied here and there by black dots which latter, at times give evidence of locomotive powers. A correspondent who has passed through all this, informs us of the means he took while Extern to preserve himself from the attacks of these black dots, and we feel it our duty, to make his plan of defence known for the benefit of present or intending Externs, and for all such other persons as it may concern. Our correspondent makes a strong solution of corrosive sublimate, about ten grains to the ounce, this he applies—not sparingly, beneath the collar of his coat, to the ends of his sleeves and trousers, and in all places over which the assailant has to pass. This he assures us has kept him almost free from bites, during a severe campaign in the Irish quarters.

CLINICAL LECTURE.

—o—

MR. HOWSE ON ERYSIPELAS. (*Continued.*)

With respect to the prevalence of pyæmia in provincial hospitals, he had lately heard a remarkable instance, showing the small value which one could give to statistics and to popular reports on the subject. His informant was a former pupil of the hospital in question, and this was substantially his account. "Pyæmia was almost unknown;—at least I only saw two cases, in the time I was there. . . . . But I saw more cases of acute gangrene than in all the years I have been at Guy's Hospital. I attribute this to the efforts at conservative surgery made by the surgeons; they used to try and save the most severe cases. . . . . Post-mortem examinations were exceedingly rare." Here was a series of remarkable statements, which it would be well to examine closely. *Pyæmia was almost unknown, but acute gangrene was common.* Now what were the causes of gangrene? There were two; one was cutting off the supply of blood from a part, as we see in cases of embolism, ligature of an artery, &c., the other was from septic poisoning. And his experience had perfectly convinced him of this,—that all the cases of acute spreading gangrene after an accident were due to the latter cause. If the gangrene was simply due to deficient blood supply, a line of demarcation would form, and the dead part would separate. This was often seen in the wards in cases of senile gangrene or after frost-bite. He had also seen some beautiful examples of it in the amputations he had treated antiseptically. In these cases, more especially amputations of the leg, supposing that the vitality of any portion of the flap had been destroyed at the time of the accident necessitating the amputation, or supposing that, from any accidental cause at the time of the operation, the blood supply had been cut off from any portion of the flap, it would necessarily die, whatever might be the line of treatment adopted. This was ordinarily called gangrene of the flaps, and in the cases treated without the aid of antiseptic surgery, the risk was that the dead decomposing mass of tissue would, before its separation, so poison the surrounding living tissue as to cause erysipeloid inflammation up the limb, and hence death from pyæmia or septicæmia. If, however, a stump in this condition was carefully treated antiseptically, no such poisoning would occur. In its natural time the living tissue would show a line of demarcation from the dead at the line of blood supply, and the gangrenous part would separate quietly, leaving a layer of healthy granulations under it. As an instance he might cite the case of a man who had been admitted into Job Ward, umder the care of the late Mr. Poland, in order to have the leg amputated. From the state of the patient's health, Mr. Poland was very apprehensive lest he should die of pyæmia, and wished to have the stump treated antiseptically. Great difficulty was, however, experienced at the time of the operation in securing the vessels, which were very atheromatous. The limb was amputated just below the knee-joint, and a long posterior with a very short anterior flap cut. In order to command the hæmorrhage it was found ultimately necessary to incise the stump up to the point of division of the popliteal into anterior and posterior tibials, and to secure the trunk. In the course of the few days following the operation, it became clear that the anterior flap was dead, and also of that portion the posterior flap which consisted of the deep group of muscles on the back of the leg, viz., the tibialis posticus, flexor longus digitorum and longus pollicis; while that portion which was formed from the superficial group, viz., the gastrocnemius and soleus remained alive. Now if we remembered the blood-supply to these parts, the explanation would be sufficiently simple. The anterior flap perished because the anterior tibial was destroyed. The deep muscles of the posterior flap, which are supplied from the posterior tibial also died, because that too had been obliterated, while the superficial muscles, which are supplied from the sural branches of the popliteal, remained alive. This, then, was a case of gangrene of the stump from deficient blood-supply,—a perfectly unavoidable cause; but though the amount of the dead tissue was so great, yet it gave rise to no irritation. It finally separated healthily and naturally, and the case ultimately did well. Now if this case had not been treated antiseptically, there would have been very great risk that this mass of dead decomposing tissue would have poisoned the surrounding healthy tissue,—erysipeloid inflammation would have come on,—the limited gangrene would have become an acute spreading gangrene, and the man would very likely have perished from septicæmia or pyæmia. This fact, therefore, he would impress upon them. *Death from acute spreading gangrene meant death from pyœmia or septicœmia.* In all probability, then, the reason that pyæmia was unknown, was that post-mortem examinations were also exceedingly rare,—not that the disease did

not kill the patients. With regard to the prognosis in erysipelas, most cases of idiopathic erysipelas got well;—the disease gradually subsiding. The prognosis was bad in patients suffering from visceral disease. Mr. Howse thought that patients suffering from disease of the kidney were likely to do the worst when attacked by erysipelas. The presence of albumen in the urine during an attack of this disease, was not however pathognomonic of confirmed renal affection. Albumen was frequently present during the first few days to a slight extent, probably from the excessive congestion of the urinary organs which then prevailed. If, however, a large quantity of albumen was present, the kidneys were probably diseased and the prognosis would be very bad. One of the earliest signs of erysipelas was an enlargment of the glands belonging to the affected part. This was due to the absorption of some irritating material from the wound in question. In doubtful cases, then, the surgeon should always feel the glands supplied by the lympathics going from the wound. If the glands showed signs of enlargement, the dressings should be more frequently changed. With regard to the treatment of erysipelas, an emetic given in the earliest stages would sometimes cut short the attack. If, however, the attack should continue, some effervescing mixture should be given during the stage of stomach disturbance. This should be followed by the administration of Tinctura Ferri in twenty minim doses,—this latter, however, not to be given till the stomach disturbance had mostly subsided. With regard to local treatment:—in those cases where the limb becomes enlarged and intensely congested, free incisions should be made before the stage of pus formation. These cases depend on the vessels becoming gorged with blood; the circulation is thus obstructed, and if left to nature, gangrene would be the result. The only treatment, therefore, was that of early incision, even if no pus be present. Great hæmorrhage might be expected in making incisions into such a limb, but this hæmorrhage was beneficial, speedily reducing the diameter of the limb, and thus by relieving the pressure, permitting the normal circulation to go on in the vessels. Treatment by incisions did not of course apply to simple cutaneous erysipelas; these cases were sometimes benefitted by painting the affected surface with strong solution of nitrate of silver, 60 grains to the ounce, or by repeated application of Tinctura Ferri Perchloridi. Opium also given internally to procure sleep, was of the greatest service in some cases of erysipelas.

THE OPERATING THEATRE.

Tuesday, June 24, 1873.

Lithotomy.

By Mr. Cooper Forster.

This was on a patient aged 72. He had a stone crushed five years ago; he had no trouble since till a year ago, but since that time has had various symptoms of stone. On admission, a difficulty was experienced in passing the catheter, and on examination, per rectum, the prostate was found to be enlarged. Lithrotity had been attempted, but the stone was found too large to be crushed, and so it had been abandoned, and Mr. Forster now proposed lithotomy. The patient being under chloroform, and placed in the lithotomy position, a Key's staff was passed. Mr. Forster then made an incision in the perinæum. commencing about an inch and a half in front of the anus and to the left of the median line and passing downwards and outwards to a point midway between the anus and the tuberosity of the ischum, and dividing the skin and superficial structuaes; the groove of the staff now being felt by the left index finger, the deep incision was made into the left lobe of the prostate the forceps were introduced, and the stone removed.

Operation for Strangulated Femoral Hernia.

By Mr. Cooper Forster.

This was on a man who had been subject to hernia for eight years. The bowels had been opened for the last time on the Friday before the operation, and he was sick for the first time on the Saturday The sickness continued for some time, and then ceased till Tuesday morning, when it came on again. The skin over the hernia was very red, apparently from the taxis applied. Mr. Forster remarked that this was probably a case going on to suppuration as the first symptoms had been on the Saturday and it was now Tuesday. He therefore expected to have to cut through some thickened tissues and he might let out pus. The patient now being under the influence of ether, Mr. Forster made a vertical incision over the summit of the tumour. The divided structures were found to be thickened, as also the sac, which presented the appearance of omentum. The sac being opened some dirty brown, curdy fluid was let out, and the bowel was found to be coated with lymph and—where exposed—was of a purplish black color, and livid. On passing in a curved flat director a little more of the fluid escaped, but it was not fœcal in odour; this escope of fluid did not continue. The stricture was then divided and the bowel returned; one silk suture was introduced at the lower part of the wound.

Amputation of the Right Breast.

By Mr. Birkett.

This was for carcinoma, occurring in a patient aged fifty-nine. Five weeks ago the patient's attention was first drawn to the part by pain: she then noticed a lump, which increased rapidly in size. Previous to the operation there was a hard moveable mass in the right breast just above the nipple; the nipple was not much implicated. There were no enlarged glands to be felt. Mr. Birkett removed the whole breast by means of two incisions, meeting and forming an ellipse. While torsion was being applied to the bleeding vessels Mr. Birkett noticed a small hard mass of carcinoma about the size of a pea in the lower portion of the wound, quite removed from the site of the larger growth; this he removed with his finger nail. On section of the arger tumour it appeared to be a very good specimen of a very hard carcinoma.

Removal of Tumours from both Knees.

By Mr. Birkett.

The patient was a woman, and presented a tumour of a fibrous character growing over each patella. Mr. Birkett remarked that the tumours were solid in a great part, but that on opening them they would be found to contain a little glairy fluid. The only way to get rid of them was by excision, and as they caused the patient pain and inconvenience he thought there was sufficient cause for the operation; he therefore proceeded to remove them, taking first the largest one, which was situated on the right knee. He made two incisions, enclosing an ellipse, and then dissected the soft parts away from the

tumour, and thus removed it. The smaller tumour growing on the left knee was removed in a similar manner, one incision instead of two being used. On section both tumours contained cavities filled with glairy fluid, and had been developed from bursa patellæ. The anterior wall of the tumour was much thicker than the postarior, showing the effect of pressure.

CHOPART'S OPERATION,

By Mr. Bryant.

Patient, aged 30, was the subject of extensive disease of the foot. Patient had been in the Hospital for the last four months. The disease had originated in a sprain; shortly after the sprain the foot began to swell; this developed into an abscess, which opened in several places leaving sinuses situated over the inner cuneiform bone, leading down to diseased bone. An operation was performed, and the inner cuneiform and front of the first metatarsal bones were ramoved. All went on well for a time when inflammatory mischief set up in the part, and things went from bad to worse, and there was now extensive disease of the tarsal bones. Mr. Bryant remarked that as Nature appeared incompetent to repair the mischief Art must step in. Twenty years ago the whole foot would have been sacrificed, but now what he proposed to do was to perform Chopart's operation, removing the scaphoid and cuboid bones, and all the parts in front of them. This he proceeded to do by means of an incision over the dorsum of the foot, cutting down to the bones; he then disarticulated and cut a long flap from the sole of the foot. The articulating surface of the astralgus being diseased, the diseased portion was removed with the saw.

TUESDAY, JULY 1, 1873.

AMPUTATION OF THE BREAST.

By Mr. Birkett.

This was for a tumour occurring in a patient, aged 52. She first noticed a swelling ln her right breast about fourteen years ago; this was excised about a year after its first appearance. Four years after this the tumour again returned, and had been treated in various ways; during the last three years it had been enlarging more rapidly than before. Before operation there was a tumour about the size of a hen's egg presenting the external appearances of carcinoma; the skin over it was discoloured and the nipple retracted. It felt hard but was nodulated, and fluctuation could be detected at its most prominent point. There was no glandular enlargement in the neighbourhood of the tumour and the old cicatrix was still visible. Mr. Birkett removed the breast containing the tumour by means of two incisions, forming an ellipse, two or three vessels were twisted, and the parts adapted by sutures. During the operation he remarked that in removing the breast it was important to preserve the fascia covering the pectoral muscle intact, as primary union was much more readily obtained, when this fascia was interposed between the subcutaneous fat and the muscle than when the surface of fat and the surface of muscle were brought directly into contact. On section of the growth it was found to consist of intra-cystfc growths encased in a main cyst about an inch and a half in diameter, which contained besides the cysts some serum; hence the fluctuation.

AMPUTATION THROUGH THE LEG.

By Mr. Birkett.

This was for extensive disease of the ankle-joint, occurring in a girl aged 8 years. The disease was of eighteen months' duration, and had been progressing unfavourably; there was a large granulating surface over the outer ankle, which almost gave the idea of a new growth, and also a fluctuating swelling situated in front of the joint. Mr. Birkett said that he was about to explore the part wlth a view to ascertaining the possibility of saving the foot; he therefore cut down on to the joint and thoroughly explored it with his finger and with a probe, letting out a quantity of sanious pus. Finding the lower end of the tibia bare of periosteum, and the joint quite disorganised, he proceeded to amputate through the lower third of the leg, making two lateral semiclrcular flaps from without, and sawing through the bones; the vessels were closed by torsion, and the soft parts adapted by sutures.

REMOVAL OF LIPOMA.

Under the care of Mr. Bryant.

This was a case of lipoma occurring over the deltoid muscle. The tumour had been giving the patient considerable pain and inconvenience The operation was performed by Mr. Hansell (dresser to Mr. Bryant), who made a longitudinal incision over, and cutting into the substance of the tumour which he then detached from its snrroundings by his fingers and a few touches with the knife. After removal of the tumour torsion was applied to bleeding vessels and the edges of the wound brought together by means of strapping.

EXCISION OF ELBOW-JOINT.

By Mr. Durham.

In a child, æt. 3, who had been suffering from disease about the joint for some time. Last year Mr. Durham had cut down upon and removed some dead bone from the olecranon process, and at that time the joint did not appear to be implicated. Since that time, however, the joint had become disintegrated, and at the time of operation there were several sinuses leading into it and to dead bone. The parts had been kept at rest for a considerable period without any good resulting. Mr. Durham made a longitudinal incision over the posterior part of the joint; he then separated the periosteum from the ends of the bones by means of a raspatory: in order to expose the ends of the humerus, it was necessary to enlarge the opening by means of a short incision at right angles to the first. The ends of the bone were then fully exposed and the diseased portions removed by the bone forceps. The parts were then brought together, and the arm placed in a bent splint.

MEDICAL WARDS.

—o—

We are indebted to Mr. H. M. Smith for the following report of a

CASE OF JAUNDICE.

C. P., æt. 48, was admitted into No. 6, Petersham Ward, on April 9, 1873.

Family History—Father died from consumption, mother of natural decay; one sister suffered, some years ago, from jaundice, since dead, cause not known; out of a family of twelve, patient is the only one living; the causes of death of the others are not known for certain, but she believes the greater number of them died of consumption.

Personal History—Married twenty years. Has had two husbands. Never pregnant. Occupied with her needle in

a boot manufactory. Never very healthy, but always in good spirits. As a child felt weak and languid, and suffered from cough. Catamenia regular up to climacteric, five years ago. When she reached the age of 21 her general health began to improve, and she got stronger. Some time after her first marriage she caught Typhus Fever, and was laid up about three months. (She was then living at Portsea, and says there was a great deal of the fever about.) Kept well till about nine years ago when she was seized with Gastric Fever, and was laid up about five weeks. She was residing near Bethnal Green, and thinks the fever was prevailing in that district at the time; she took it after nursing her first husband, who fell a victim to it.

Present Illness—She improved in health, and felt better than at any other time of her life between the termination of her last-mentioned disease and the commencement of her present complaint (18 days before admission). On the evening of March 21 she went to bed feeling rather sick and faint. These symptoms were worse next morning, but nevertheless she did not stay at home. Whilst at work she was suddenly seized with very severe pain passing through from the chest and abdomen to the back (chiefly the lower part), and down both arms from shoulders to hands. Retched, but did not vomit. She kept at the factory for a few hours, and then walked home and went to bed. The pain got worse towards night, and prevented her getting from getting any sleep. On the following morning she was still worse, and it was noticed that she was yellow, and that her water was very dark. The pain, keeping in the same parts it originated in, continued to increase for a fortnight, till it was almost unbearable. The easiest position she found lying on her bask. For the first few days her bowels were confined, but on the third day after the attack they were moved by castor oil—ordered by a medical man—and were freely open every day since up to her admission; motions were light-coloured, like lime, and very offensive; no gall-stones were noticed. The whole of the abdomen was tender on pressure, but no one spot in particular. Micturition quite free. No shivering. She was brought to the Hospital in a cab, April 9th, the pain having been gradually abating for four days.

On Admission, patient was dark and deeply jaundiced; cheeks rather congested; teeth pearly white; gums and inner side of lips tinged with bile. Vision unaffected. Sweat stained her linen yellow. Rather tender all over. Urine much darkened with bile; slightly acid, sp. gr. 101·5, no albumen nor sugar. Saliva not coloured. Her breath possessed a very powerful smell of liver, and she had a bitter taste in her mouth. There was no itching of skin, and she said she had not wasted. Her pain was subsiding. Abdomen full, flabby, but apparently free from ascites; liver did not appear to be down at all. Slight ronchus on both sides of the chest behind. No marks of syphilis. She was ordered Dec. Aloes, Aq. Pimentæ, ½ oz. t. d. Middle diet. Her temperature was not taken on admission, but she did not appear to have any fever about her. Tongue slightly furred (white), moist.

Progress of the Case.—Within a few days after admission the pain had greatly diminished, though she still felt very weak, and both her skin and her water were becoming lighter. Her appetite was improving, and she slept better; but, May 15-16, she had two sharp attacks of pain over the lower part of the spine, each lasting several hours. Subsequently her condition varied much—some days she felt quite easy, others she was suffering acutely. The pain generally affected the back, abdomen—particularly the left hypochondriac region—and upper extremities, especially the right forearm, and was accompanied by severe headache. The situation of the pain in the body was not constant; towards the latter part of her illness it went higher up, reaching as far as the middle of the sternum and between the scapulæ; finally it was greatest at the epigastrium; it seemed to draw her legs up. At times she experienced a "catching" pain over the lower part of the left breast. The attacks came on at any time of the day, sometimes gradually, but more often suddenly. They caused her to perspire freely, and left her feeling very faint and ill. The headache usually persisted longest, in fact she was seldom free from this. She complained also of her eyes aching. At first the attacks did not accurately correspond to the amount of jaundice, but afterwards, when they became more frequent, she was always dark. As the pain got worse chlorodyne and chloral were administered, at first with success, but at times she could not sleep in spite of anodynes. The seizures varied in severity as well as in frequency and duration, but they were generally sharp, lasting many hours. The pain reached its climax of intensity on May 21; after this although she got more ill, her suffering abated. Her abdomen was very tender all over, chiefly at its upper and left part, but at last the tenderness was greatest at the junction of the episgastric with the right hypochondriac region. She generally lay on her back with her knees drawn up. For some time after admission the liver dulness was less than normal, and there was no fluid in the abdomen. The spleen was enlarged and could be felt; it was tender. Dr. Moxon frequently felt for the liver and gall-bladder, but without success; the hepatic region was supple, and nothing whatever could be detected by palpation; there was swelling of the feet, and no dulness of the abdomen which might not be accounted for by varying conditions of intestine. On April 18 he ordered Pot. Iod. 10 grs. to be added to each dose of her mixture. On May 2 the liver dulness extended a little lower; still nothing could be felt. It soon, however, began to be apparent that there was a certain amount of resistance along the hypochondriac and epigastric regions, though there was no actual hardness nor tumour, and slight dulness was present here, with tenderness. The liver presently descended to within one inch of the umbilicus in the median line, and there was considerable tenderness just below the sternum. A few days more, and the liver seemed to be again retracted within the margin of the ribs.

May 16—There was decidedly considerable resistance over the region of the gall-bladder, and something suspicious to the hand there.

May 21—There was apparently a little fluid in the abdomen, and the liver could be felt down 1 in. or 1½ in.

May 22—The liver was still to be felt; in the epigastrium it was hard; down about 1 in. in the mammary line; on percussion the edge seemed thin, and not distinctly definable. Gall-bladder could not be felt. (At this time the pain was greatest in the epigastrium.)

The jaundice having become much lighter during the first fortnight, and of a brighter yellow, deepened again, and assumed a more dusky tint; after eight or ten days it again cleared up considerably for another week (although in this interval patient had a sharp attack of pain and the liver had descended); it gradually then darkened till the crisis of her illness (May 24-25). There was never any itching of skin and the perspiration flowed freely.

The colour of the urine varied, usually maintaining a direct relation to the degree of jaundice, but occasionally being disproportionately dark, it not unfrequently approaching that of porter. The presence of bile-pigment in the water was very distinctly shown by the addition of nitric

acid, and also by the yellow stain imparted to substances brought into contact with it. There was no response to Pettenkoffer's test for bile-acids. Its reaction was commonly acid, but more than once it was found to be alkaline. Sp. gr. averaged 1021, ranging between 1015-1024. It was occasionally phosphatic, and a drop evaporated on a slide left a residue which under the microscope showed stellate feathery and prismatic forms of crystals, and irregular dumb-bells. Sometimes it was loaded with lithates, but otherwise there was no deposit. The intensity and speedy diffusion of the coloration produced by HNO_3 prevented the use of this acid as a test for albumen; moreover, above the rich green ring found at the point of contact of the two liquids a turbidity occurred which was dissolved by heat with reddening, Heat alone would sometimes produced a precipitate of phosphates, but the results yielded by this method for the detection of albumen were not very definite nor satisfactory. By employing acetic acid and ferrocyanide of potassium. however, a trace of albumen was discovered (May 14). Several microscopical examinations for leucine and tyrosine were made (after concentration), but none was found. Acetic acid demonstrated (negatively) the absence of cystin. The quantity of urine passed was pretty fair.

(To be concluded in our next.)

The following cases were admitted from June 26 to July 2, 1873.

PETERSHAM.

2—Phthisis, mania from being Half-starved
7—Chronic Rheumatism
9—Cerebral (?)
16—Albuminuria
20—Phthisis and Broncho-pneumonia

PHILIP.

1—Atrophy of Liver—Hard drinker
12—Gout
19—Syphilitic Paralysis—Anæmia of Optic Disc
21—Mitral Regurgitation, Wasting of Lung, and Early Cirrhosis of Liver
29—Phthisis and Bronchitis
30—Diabetes—Mellitus
33—Syphilitic Rheumatism
37—Hypertrophied Heart—Musical Systolic Bruit

STEPHEN

2—Syphilis
8—Subacute Rheumatism
9—Constipation
15—Pneumonia
18—Phthisis
23—Mobtus Brightii
26—Phthisis—Hæmoptysis
39—Morbus Addisonii
46—Morbis Cordis—Aortic

MARY.

20—Ovarian Tumours
23—Fibroid
31—Epithelioma

ADDISON.

7—Constipation and Indigestion
9—Uterine (?)
10—Constipation and Indigestion
12—Mitral bruit—Struma—Chronic Pleuro-pneumonia
20—Sub-acute Rheumatism
26—Hypochondiasis
27—Dyspepsia

BRIGHT (Clinical),

20—Poisoning (?)
22—Pleurisy with effusioh in left side
27—Loss of power, right arm

ASTLEY COOPER (Clinical),

4—Paralysis
6—Cerebral (?)

SURGICAL WARDS.

The following cases were admitted from June 26 to July 2, 1873.

ACCIDENT.

7—Contused Leg—Fracture of Lower Third
17—Injury by Explosion from Petroleum
19—Sprain—Fractured Tibia
20—Injury by Falling upon Spikes
23—Fractured Femur
24—Fractured Ribs
27—Fractured Tibia and Fibula
31—Fractured Tibia
35—Fractured Femur

CORNELIUS.

2—Lacerated Wound of Foot
9—Compound Fracture
12—Injury from Fight
16—Injury to Knee and Ankle

MARTHA.

9—Carcinoma
11—Spinal Affection
17—Tumour in Breast—Operation

LYDIA

6—Strangulated Hernia
7—Ruptured Vein—Abscess
10—Injury to Head
11—Gangrene of Wrist
16—Scalp Wound—Concussio n
20—Burn—Death
20—Inflamed Bursa Patella
27—Smashed Leg

LAZARUS.

9—Diseased Bone of Ankle-joint (?)

JOB.

2—Contused Abdomen
3—Contused Abdomen

LUKE.

10—Abscess—Internal (?)
13—Bad Foot after Injury
18—Hip-joint Disease (?)

NAAMAN,

4—Diseased Knee-joint (?)
10—Bad Head

DORCAS.

7—Tumour in Right Breast
9—Diseased Knee
13—Tumour in Buttock

CHARITY.

10—Fistula
14—Disease of Knee
23—Talipes

BARNABAS (Ophthalmic.)

1—Removal of Eye from old Disease
6—Corneo Iritis—Closed Pupil
19—Closed Pupil and Cataract, Left Eye

RUTH (Ophthalmic)

27—Glaucoma
28—Opaque Capsule
32—Ulceration of Corneo Iritis
36—Glaucoma, both Eyes
46—Cataract, Right Eye

GENERAL NEWS

—o—

At a meeting of the Council of the Royal College of Surgeons held at the beginning of the week, Mr. Timothy Holms and Mr. John Marshall were elected Examiners to fill the vacancies caused by the death of Mr. Partridge and the resignation of Mr. Lane.

At a meeting of the Court of Examiners, held on July 2nd and 3rd Mr. McKay and Mr. M. Reid passed their Second or Pass Examination, and received licences to practice. On the same days, Mr. Hurd passed his first Examination.

THE NOTICE BOARD.

—o—

There will be a meeting of the Presidents of the Physical Society on Thursday next, the 10th inst.

The following gentlemen hold office as Extern Obstetric Attendants during this month:—

Mr. W. H. Harsant.
Mr. W. C. Morris.
Mr. E. O. Giblin.
Mr. Ockendon.
Mr. Dennis.

The usual Appointments to begin in September, will be made this month. Gentlemen should make application in the usual form before the 12th inst.

NOTICE.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

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Guy's Hospital Gazette.

VOL. II.—NO. 11. SATURDAY, JULY 12, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

IN the first number of this paper we made the following statement :—" With regard to the accuracy of statements contained in our pages, we can only say that in every case we shall endeavour to do our best to publish only news, that is obtained from reliable sources, and to verify our reporter's statements as much as possible; should, however, any inaccurate statements appear in spite of our care, we will correct the mistake in our next number." And since that first number was published, we have always endeavoured to act up to this statement. Mistakes, however, will sometimes occur in spite of the greatest care, as nothing is more easy than for a reporter to misunderstand the speaker.

With regard to the Clinical Lectures, which we have published in the present volume, the lecturers have in every case kindly glanced through the reports before they have been placed in the hands of the printer, and by this means many mistakes have been prevented; but with the reports of the operations this method would prove impracticable—for the operations are performed on Tuesday, and the reports have to be in the hands of the printer by Wednesday morning. Mistakes, therefore, will occur, and we shall be glad to correct the same whenever pointed out to us. Mr. Durham has kindly drawn our attention to an error occurring in our report of the operation of Thyrotomy, performed by him on Tuesday, May 7th. In our report Mr. Durham is stated to have said that Dr. Warren Greene had one unsuccessful case, followed by seven or eight successful cases. The correct statement would have been that Dr. Warren Greene, of Maine, U.S., had first performed the operation, having done so in three cases, all of which proved successful, and that Mr. Durham had collected and published in the *Medical Record* seven or eight cases in which the operation had been performed, one of these cases having been unsuccessful.

There is an interesting article in the *Lancet* of July 5th, which we would advise all our student readers to see, as it contains much information of importance to those who have yet to choose what diploma they mean to take when they have finished their curriculum. The article is an examination of the table, showing the results of professional examinations for degrees, diplomas, and licences, granted by the various Medical bodies of the Kingdom in any given year. From this the *Lancet* learns that, "1,737 qualifications of one sort or another were obtained by passing the final examinations of one or other of the Medical bodies or of the Universities. Thus, 756 persons passed the final examinations in England, 507 in Scotland, and 474 in Ireland. The unsuccessful candidates at the final examinations were:—In England 183, in Scotland 134, and in Ireland 107 in all With regard to the English qualifications, 374 passed for the M.R.C.S., 222 for the L.S.A., and only 64 for the L.R.C.P." The *Lancet* goes on to say that "it is eviden that the old notion of passing the College and Hall still rules the majority of those entering the profession. The diploma of the College of Surgeons, though only a single qualification and together with the preliminary examination, costing £24, was obtained by 374 men, and desired by 106 who failed to pass the examination. In like manner the Apothecaries' Company passed 222 men against the London College of Physicians, who licenced only 64, though their diploma is both a Medical and Surgical licence, and costs seven pounds less than the diploma of the College of Surgeons." The article goes on with an analysis of the proportion passed and rejected by the different bodies at their different examinations, saying that, "There can be little doubt that the proportion of rejections is greater than it used to be; proving either the greater severity of the examinations or the greater defect in the student or his teachers." And the *Lancet* thinks that both teachers and students are to blame.

CLINICAL LECTURE.

—o—

MR. DAVIES-COLLEY ON A CASE OF PUNCTURED FRACTURE OF THE SKULL.

At the beginning of last September, a boy, five years of age, fell from the side, on to the bottom of a barge, and in falling struck his forehead upon a rusty nail. He vomited soon after the accident, and was at once brought to the Hospital. Mr. Colley found him sleepy, but sensitive to pain. The pupils were equal, and contracted normally,—there was no paralysis. About two inches above the left eyebrow, was a small round hole in the skin, and oozing from this, there was some blood, and brain substance. There appeared to be little the matter with the boy, except the wound and evidence of brain injury. He was suffering from slight concussion of the brain. It was not stated in the report, that his pulse was particularly feeble or rapid, or that his hands and feet were cold. In severe concussion, these symptoms would probably have been present. It was very like the collapse produced by any great injury, together with drowsiness. The heart's action would become impaired, and this, together with the contraction of the small cutaneous arteries, produced a pallor and coldness of the surface. The patient would seem very sleepy, and there would be vomiting from brain irritation acting on the stomach. In any case of injury to the head, it was important it should be decided, whether the case be one of compression, or only one of concussion. If we had compression, there would not only be sleepiness, but it would be impossible to rouse the patient; there would also be paralysis of one or both sides, and one or both pupils would be dilated, and sluggish or insensible to light; there would also be stertorous breathing. If a patient showed any signs of consciousness, such as rousing to respond to his name, or moving into a more comfortable position, when placed in an uncomfortable one, we might fairly conclude that the case was only one of concussion. In the case, which called forth these remarks, none of the above symptons of compression, were present. Though, there were no decided symptoms of compression present, Mr. Colley had thought it advisable to trephine. The piece of bone removed by the trephine was rough, and on a search being made in the opening, a ragged piece of bone had been found, sticking edgeways into the dura mater, and penetrating into the brain; he therefore removed this and closed the wound. The operation had been performed antiseptically. Ice was applied, and the patient kept on low diet. For the first two or three days after the operation, the boy had vomiting and symptoms of head disturbance, he was very drowsy, but his pulse and temperature remaining normal, contradicted the presence of inflammatory mischief. Nine days after the injury, a swelling appeared in the wound, about the size of a pea, consisting of pale granulations. This swelling grew rather larger than a cherry, and four weeks after it had appeared, it sloughed away, leaving an ulcer about one inch in diameter, which took a long time healing, so that it was four months after the injury, before the patient was discharged well. Mr. Colley now went on to enumerate the conditions in which the operation of trephining was resorted to, and to state his reasons for performing the operation in this case. In a case of compound fracture, where there were symptoms of compression, there should be no hesitation in resorting to the operation. If, after an injury to the skull, symptoms of compression were present, even without evidence of fracture, the operation would be justifiable. The operation would here be performed, in the expectation of finding a clot. If however, the symptoms were not very severe, ice might be applied, and about twenty-four hours allowed to elapse. If, after this time had passed, there was no mitigation of the symptoms, trephining should be resorted to. The next question was, —should the operation ever be resorted to, where no symptoms of compression were present? It might be resorted to in cases of compound fracture of the skull, where there was much depression, or when the fracture was comminuted. It was once a custom to trephine in all cases of fracture of the skull, and some surgeons followed this practice now, in cases of depressed simple fracture in adults, on the ground that epilepsy, and other brain troubles, had been known to follow this injury. Mr. Colley, however, thought that it would be better to wait until untoward symptoms made their appearance, before subjecting the patient to the operation. The reason for trephining or elevating, in a case of comminuted fracture of the skull, was, that pieces of bone would probably be found on the dura mater, which if left would be certain to set up inflammation. Punctured fractures of the skull, in which there was good reason to suspect injury to the brain, should always be treated by trephining, and for this reason,—the skull was composed of two tables, the inner of which was called the vitreous table, on account of its hardness and brittleness, and thus, a pointed instrument which would leave but a slight wound in the outer table, would probably produce numerous splinters in the inner table. These splinters might set up little or no disturbance at first, but after a time they were likely to induce brain irritation, resulting in abscess. A very good example of such result, from punctured fracture of the skull, had occurred in the days of Sir Astley Cooper. A child playing in a fowl-yard, received a peck on the head from a cock, the bird's beak producing a punctured fracture of the skull. There was, however, only a small mark on the scalp, so the mother bound it up, and for a week no serious symptoms occurred. The child was then brought to Sir Astley Cooper, on account of pain in the head and constitutional irritation. The next day, that surgeon trephined the skull, and gave the child some relief. But in three days death followed, and the post-mortem examination disclosed an abscess, under the dura mater, corresponding to the seat of fracture. In the case mentioned, at the beginning of the lecture, Mr. Colley had been able to remove the jagged piece of bone, and though it might possibly have been left without any serious consequences, yet, in all probability the result would have been very different, if it had remained in situ. The swelling that appeared nine days after the injury, and extended from the skull, was a hernia-cerebri. After trephining, or after an injury to the skull and dura mater, a granulating swelling often protruded from the skull, and this was called a hernia-cerebri. Though thus called, it did not necessarily contain brain substance, it more frequently consisted merely of granulating tissue, protruded on account of the swelling, occurring from inflammation in the brain substance, at the seat of injury. Mr Colley had examined the brain after death in several cases of hernia-cerebri, and in each case an abscess was found in the brain under the seat of injury, and thus hernia-cerebri was often a fatal symptom. Abscesses, however, were not always present. With regard to treatment. At one time it was the fashion to shave off the protruding portion, but experience teaches that the less done, the better. Some astringent application, or slight pressure may be applied, but it should not be shaved off. Mr. Colley related a case of a boy, who had been trephined for an injury to the forehead. A hernia-cerebri appeared after the operation, and the case terminated fatally. After

death, several large abscesses were found in the brain, containing about an ounce of pus. These had no communication with each other, so that, if the hernia had been shaved off, the deeper abscesses would have still remained. It had been found, however, that much better results had followed where the hernia had been left to slough off, or subside.

THE OPERATING THEATRE.

—o—

Tuesday, July 8, 1873.

Removal of Enlarged Glands from the Neck.

By Mr. Cooper Forster.

The patient, was a girl aged 20. She presented several large glands in the right side of the neck; the largest of these,—the one removed,—was situated a little below the lower border of the inferior maxilla. Mr. Forster remarked that these glands were present as foreign bodies, and according to a late theory, by removing these glands, he might be removing the girl's chance of having Phthisis. This theory, however, was not yet established, and he was about to remove the gland, because the patient found it inconvenient, and moreover she preferred the small white scar, which would be left after the operation, to the large swelling. He then made an incision, over the gland, in a direction parallel to the lower border of the lower jaw. On attempting to turn it out, with the scalpel handle, the cyst-wall was found to be adherent to the tissue around, and the gland broken up into a caseous substance; after some trouble, however, it was removed. Mr. Forster then remarked that the condition of the gland showed that it was going on to cure itself by suppuration, and that he had therefore, only hastened the cure by a fortnight or three weeks.

Removal of Tumour from Breast.

By Mr. Birkett.

This was for carcinoma, occurring in a patient aged 46. There was a most extensive family history of cancer, patient stating that her grandmother, two aunts, two sisters, and one cousin died of cancer of the breast. She had an abscess of the breast eight years ago; two years ago, she first noticed that her left breast was smaller than her right, and last Christmas she first noticed a small painful lump in the left breast. The tumour before operation was hard nodulated, but did not infiltrate the skin, there were no enlarged glands in the axilla. Mr. Birkett remarked that this was a case of carcinoma, which had existed for about two years. The sound breast felt nodulated, but this was merely due to a wasted condition of the gland. He then removed the tumour with the surrounding breast tissue by means of an elliptical incision; torsion was applied to the bleeding vessels. On section the tumour was found to be a very firm hard carcinoma, differing only slightly in appearance from the breast tissue around, but very hard to the touch.

Removal of Dead Bone from Tibia.

By Mr. Bryant.

Patient was a woman aged 21. Three years ago, she had scarlet fever, followed by suppuration of the right fore-arm and the left leg. She came to Mr. Bryant, who operated on the arm, cutting down upon and removing a sequestrum from the radius. The arm was now quite healed. There was evidently necrosed bone present in the leg, but up to the present the probe had failed to give satisfactory evidence of its presence; now, however, the probe passed into a cavity at the bottom of which dead bone could be felt. Mr. Bryant then enlarged the sinus by a longitudinal incision. He next separated the soft parts from the bone by a raspatory; then with a chisel and mallet he cut through the new bone, and romoved a small sequestrum, which was buried for a considerable depth in the new bone.

Perinaeal Section.

By Mr. Howse.

This was in a patient who had been operated on before, for extravasated urine,—one of the cases mentioned by Mr. Howse in a Clinical Lecture. At the first operation it was found impossible to pass a catheter, owing to the swelling of the parts. The object of the present operation was to pass a catheter, and restore the natural passage. Mr. Howse passed a curved sound into the urethra down to the stricture, which was found impermeable to the instrument. A deep incision was then made in the median line of the perinæum, and the urethra was found to be dissected out and surrounded by a large cavity. The canal was then opened and the staff passed out in the perinæum, and then after a little difficulty a probe was passed into the bladder; the opening in the perinæum was then enlarged, and the finger passed into the bladder, and subseqnently a No. 10 gum-elastic catheter; this was tied in, and the patient removed.

Removal of Tumour from Breast.

By Mr. Durham.

The patient presented a small tumour in her left breast; it was doubtful how long it had been there. As it had been getting larger of late, Mr. Durham thought it advisable to remove it at once. He remarked that it was often impossible to do more than guess at the exact nature of a tumour in the breast before removal. In this case the mobility of the tumour, and the sensation it imparted to the hand, gave rise to the impression that it was adenocele. The treatment should be guided by the nature of the growth. If the tumour proved to be adenoid, he would simply cut down on to it and turn it out; if, on the other hand, it proved to be carcinoma, a clean sweep should be made around it, and the tissues, removed with it for some distance round. In this case he should commence the operation as if for adenocele, but should be guided as he went on by the nature of the growth. He then made an incision over the tumour, and turned it out with the scalpel handle. On section of the tumour it proved an exceedingly good specimen of adenoid growth.

Removal of Fatty Tumour.

Under the care of Mr. Durham.

The patient, a young woman, presented a pendulous tumour about the size of a walnut, growing from the upper part of the left thigh. It had been growing for six years. Mr. Durham remarked that the two common forms of pendulous growths were fatty and fibrous. They sometimes grew to a large size. In many cases they might be removed by a nip from a pair of scissors. The patient being under chloroform, the tumour was removed by Mr. McKay (dresser to Mr. Durham), by cutting through its pedicle with a scalpel. On section the tumour was found to consist of condensed fat.

MEDICAL WARDS.

—o—

We are indebted to Mr. H. N. Smith for the following report of a

CASE OF JAUNDICE.

(*Continued from page* 78.)

Bowels were not moved till three days after admission; motions then reported to be yellow and offensive. During the next fortnight they were open pretty freely, the motions being coloured, concurrently with the diminution of the jaundice. They have become rather confined, and purgatives were administered. The motions were now very pale; once, when elsewhere light and clayey there was a little bile present in a few spots (May 23). Numerous unsuccessful hunts were made for gall-stones.

For the first fortnight she took her food very well, but after this her appetite began to fail, and she felt sick after dinner. The attacks of pain were now often accompanied by retching and nausea. On May 9, early in the morning, during a paroxyism, she vomited for the first time, bringing up a yeasty-lookiug fluid, which, under the microscope was found to contain sarcinæ. Within the next fourteen days she vomited several times, but no more sarcinæ were discovered. Upon one occasion (May 11), while having her bed made, she fainted. Up to this point, though her temperature had been, as a rule, rather high, varying from 98·6 to 99·9, there had been no marked amount of fever. Pulse had ranged between 80—100, soft and small. Respiration averaged about 24. Tongue always a little white, but moist.

On May 14, during a severe attack of pain she had a shivering fit (for the first time) which lasted two hours, and her temperature was found 102·6. Pulse 122, small, soft Tongue dry, brownish. She was taking very little food, but there was scarcely any perceptible amount of wasting. Ordered Mist. Efferves. 1 oz., every four hours; Brandy 3 oz. instead of wine.

On the morning of May 20, feeling pretty easy, she got up and walked to the closet, afterwards could not get warm, though she did not actually shiver. Towards evening the pain began to return. Had a dose of Chlorodyne (25 min.) and got some good sleep. The next day the pain was more than ever, she vomited and had another shivering fit. At noon she was sitting up in bed in great distress, rolling her head from side to side, and looking very worn. Tongue rough, dry, inclined to be brown. Some Chloral was administered (25 grs), and she went to sleep for a few hours, but woke in agony. She was very depressed, and prayed to die; previously her spirits had been for the most part very good. Temperature 101·5. Respiration, 34. Pulse, 116, feeble. This was the day on which the liver was first felt. Temperature now kept up high, and there was considerable pyrexia—frequent pulse, dry, brown tongue, great thirst.

On the 22d, though the pain in her body was rather less severe, she was very weak and ill, and racked with headache; deeply jaundiced; slightly wandering. Bowels uot open. Temperatnre 102·6. Resp. 37. Pulse 124, soft.

On the 23rd she was no better, had vomited again. Bowels open after house-pills, motions light and clayey. spotted in one or two places with bile. Temp. 102·5. Resp. 28. Pulse 126, soft. Tongue as before. She looked worn and somewhat emaciated. She had a good deal of cough, and her breathing was gurgling. Dr. Moxon found that there was bronchitis creeping into the smaller tubes. The liver could be felt, and the pain was greatest at epigastrium. Ordered Sp. Æther Nit. ½ dr, Tr. Digltalis 10 min., Mist. Salin. 1 oz., every four hours; Podophyllin 1 gr., Ext. Hyoscyami. 4 grs.

At 3 p.m., on the 24th, she seemed sinking rapidly. She lay in an extremely exhausted condition, scarcely able to speak, and occasionally tossing her arms about. She could not swallow anything at all; when an attempt was made to give her a little brandy or medicine the liquid ran out of her mouth in spite of her effort at deglutition, the pharyngeal muscles being apparently thrown into a state of spasm. She whispered that she had a little but not much pain in the head, chest, abdomen, and back. Any exertion, such as a cough, induced dyspnœa. Her face was deeply jaundiced and conjested. Bowels open in the morning, but the motion was not saved. She complained of cold feet, so a hot-water bottle was applied. Temp. 102·8. Resp. 28·30. Pulse 120, very soft. Later on in the evening she was still worse, lying in a semi-comatose state, passing everything under her.

So far considerable obscurity attended the case. It was looked npon at first as an example of common catarrhal jaundice, which might account for the sharp attacks of pain. The paroxysmal character of the seizures, and the mode of the disease—sudden pain in the abdomen, accompanied by retching, and followed by jaundice, pointed to Icterus Calculosus, but then the liver, instead of being enlarged during the earlier part of her illness was actually smaller than usual, and when, later on, the organ increased in size, there was fever, which is not usual in these cases. Shivering, which is frequently associated with the passage of a gall-stone, did not occur within the first seven weeks. The abdomen was always tender, but it is said that pressure usually mitigates the pain arising from biliary concretions,—at the commencement of the attack, at least, before there has been much retching. Lastly, no stones had been found in the motions, after repeated examinations. The possible existence of a tumour causing obstruction by pressure, was suggested, and the discovery of sarcinæ in the vomit was slightly in favour of this view, but palpation revealed no swelling, and there was little or no emaciation; besides, the pain was not constant. Dr. Moxon surmised that whatever obstruction there might be, the cystic and choledic ducts, at least, were free, the hepatic duct alone being implicated, for when the cystic duct is blocked the gall-bladder becomes distended, a glairy fluid being secreted by its lining membrane, and can then be felt as a roundish elastic tumour through the parietes of the abdomen. While the liver was smaller than normal it became a question whether acute yellow atrophy had set in, but the latter is usually a most rapid disease, and patient had already been ill eighteen days before admission; she had not exhibited some of the most prominent symptoms of that terrific malady, such as vomiting of altered blood, wild delirium, convulsions, &c., and her urine was free from leucine and tyrosine; on the other hand she often had great headache, and her spleen was enlarged, which together with the jaundice and small liver, made it, to say the least, suspicious.

However, after remaining in a very low condition till about midnight (May 24), she began to improve, the power of swallowing gradually returned, and she took a good quantity of brandy, milk, and tea, and afterwards got some good sound sleep.

In the morning she felt comfortable, but very weak. Temp. 97·8. Resp. 28. Pulse 98, soft. Still deeply jaundiced. Tongue furred down the centre, moist. Bowels not open again. Did not sleep very well in the night, being

troubled with flatus, a little pain working about the back and shoulders; on closing her eyes she was annoyed by apparitions.

May 26, 11 a.m.—Temp. 99·1. Resp. 28. Pulse 86, feeble. Tongue, thin brownish fur on dorsum. Bowels open this morning; motion formed, very pale, containing 13 gall-stones embedded in the fœcal substance, one large and twelve smaller ones, each pyramidal with four facets separated by sharp ridges. Ordered Pil. Podophyll. (ut May 23) every three hours.

May 27.—Bowels open, motions covered superficially with bile, pale internally, containing 12 gall-stones, one rather large one, but the rest small. Patient still jaundiced, but not nearly so deeply. She now complained of a little pain over the left lower ribs, and little crackling was heard accompanying inspiration, with slight wheezing on expiration. Tinct. Belladonna was ordered to be rubbed in.

May 28, 7 p.m.—Temp. 99·2. The jaundice rapidly diminished, the conjunctivæ first clearing, the skin remaining more obstinately yellow; urine was free from bile by May 31. The motions became thoroughly impregnated with bile; no more gall-stones were found; a little bronchitis hung about for a few days, and the spleen remained large, but patient soon began to get about, and left the Hospital

June 13—Well.

The following cases were admitted from July 3 to July 8, 1873.

PETERSHAM.

3—Syphilitic Rheumatism
11—Chronic Rheumatism
12—Broncho-Pneumonia, and some Pleuritic Effusion
17—Typhus
25—Strumous Peritonitis

PHILIP:

7—Mitral Systolic Bruit—Adherent Pericardium—Dropsy—Second Admission
9—Constipation—Colic
14—Phthisis
20—Pleuritic Effusion, R. side
22—Phthisis
34—Double Pleuritic Effusion—Pericarditis
32—Obstructive and Regurgitant Aortic Bruit
42—Sciatica—Chronic Cerebral Disease
43—Acute Rheumatism

STEHEN

6—Bronchitis—Hepatic Enlargement—No Albumen—Cardiac Sound Normal
19—Phthisis—both Ascpice, more particularly Rt.
46—Chorea (?)

MARY.

16—Fits
20—Fits
23—Fits

ADDISON.

2—Early Phthisis
7—Epilepsy
9—Muco-Enteritis
13—Albuminuria
25—Chronic Bronchitis
28—Phthisis
38—Rheumatism
49—Impetigo and Excema

BRIGHT (Clinical).

20—Bronchitis
23—Mitral Disease—Dropsy
29—Internal Injury

ASTLEY COOPER (Clinical).

10—Febricula
15—Colic—Mitral Regurgitation
40—Erythema

SURGICAL WARDS.

—o—

The following are a few notes of a case of

COMPOUND FRACTURE OF TIBIA AND FIBULA

occurring in a woman, æt. 78, and doing as well as in a young person:—

E. B., states that on May 9th she was knocked down by an omnibus, one of the wheels of which passed over her left leg. She was brought to the Hospital, when it was found that she had a compound comminuted fracture of the left tibia and fibula, with very slight œdema; also an incised wound over the right eye, probably produced by a horse's hoof. The leg was immediately placed in two lateral and posterior rectangular splints.

On May 12th patient felt comfortable and free from pain; she slept well, and had a good appetite.

May 20—The wound in the leg was described as irregular, with a large slough occupying its centre, and apparently extending deeply amongst the muscles; the parts around were red and inflamed. A few days after this report the slough separated, and the part was dressed with oil.

May 30—The wound in the leg is described as granulating slowly, and the scalp wound as healing nicely.

June 5—The scalp wound was nearly well. She continued to progress favourably.

July 7—The splints were removed, and the wound in the leg found to be healed. The leg was then bandaged, and has since been placed in a Bavarian splint. The patient is in No. 11, Dorcas.

CUT-THROAT.

A very severe case of cut-throat was admitted into No. 5, Cornelius Ward, on Tuesday last. The patient presented a gaping wound, extending from just below the left ear to the inner border of the right sterno-mastoid muscle. The knife had cut through the superior cornua of the thyroid cartilage cutting them off; it had gone right through the larynx, and opened the œsophagus; the carotids on each side were exposed, and might be seen pulsating in the wound. The left sterno-mastoid muscle was cut through, and a slice had been taken out of the left internal jugular vein, and also out of a smaller vein lying near it. The tube of the stomach-pump was passed through the mouth into the stomach, and by this the patient is fed. The wound is covered with a piece of wet lint, and the head bent forward by the support of pillows.

The following cases were admitted from July 3 to July 8, 1873.

ACCIDENT.

1—Fractured Skull
13—Fractured Tibia and Fibula
14—Fractured Fibula

CORNELIUS.

1—Injuries from Falling Goods
5—Cut-throat
6—Wound of Brachial, High Division—Operation
13—Compound Fracture
14—Fracture of Tibia
15—Diseased Hip

MARTHA.

15—Abscess on Left Side

LYDIA

9—Diseased Bone in Leg
21—Stricture

JOB.

No new Cases.

LAZARUS.

No new Cases.

NAAMAN.

2—Injury to Throat and Chest
3—Bubonocele
4—Aneurism
7—Concussion of Brain
13—Deficiency in Toes—Operation
22—Diseased Bone in Leg

LUKE.

19—Old Fractured Ribs—Necrosed Bone

DORCAS.

6—Injury to Head—Concussion (?)
18—Fractured Ribs
21—Injury to Spine
23—Fractured Patella

CHARITY.

16—Fractured Tibia and Fibula

BARNABAS (Ophthalmic.)

4—Tumour
5—Granulations
25—Severe Corneo Iritis

RUTH (Ophthalmic)

27—Closed Pupils, both Eyes
38—Cataract

GENERAL NEWS

—o—

Mr. Burrell Main Tatbot, L.R.C.P. Eng., and L.S.A., has been appointed Medical Officer of Health for Bow and Bromley.

NOVEL VERMIFUGE.—A few days ago a child—who was greatly troubled with worms—swallowed a small piece of brass chain. Two or three doses of castor oil were given by the mother, with a hope of causing the chain to be passed by the bowel. The chain came away, bringing with it a round worm about nine inches in length, two links of the chain having passed, like rings, half-way over its body. The worm. with the chain around it, was brought to the Hospital on Tuesday, and exhibited in the Operating Theatre.

APOTHECARIES HALL.

The following questions formed part of the Pass Examination on Monday, June 2nd.

1. Enumerate the continued fevers. Give their symptoms, diagnosis, P.M. appearances, and treatment.

2. Give the symptoms and the consequences, of an aneurism of the arch of the aorta.

3. What are the symptoms and consequences of mitral regurgitation?

4. Give the clinical history of a case of ulcer of the stomach,—of schirrus pylorus, and contrast the two.

Pathology.

What is the composition of pus? and state what you know of the sources from which it is derived.

Theurapeutics.

What are the uses of cold and heat, and state how they are applied in medicine?

Midwifery.

1. Describe the mechanism of a case of natural labour. Give the measurements of the pelvis, and of the fœtal head?

2. Describe the varieties of Amenorrhœa and Dysmenorrhœa, and their treatment.

3. What are the causes of anti-partum, and post-partum hœmorrhage? Give their treatment.

Medical Jurisprudence.

1. What are the symptoms, and P.M. appearances of a case of poisoning by oxalic acid? What are the tests for the poison?

2. In a case of death by wounding, what would lead you to suspect homicide. suicide, or accident?

3. Describe the varieties of Insanity.

4. Give the tests for Oil of Vitriol, Acetate of Lead, Tartar Emetic, and Prussic Acid.

CORRESPONDENCE.

Sir,—I amputated a young man's thigh, æt. 19, for a tumour in the upper part of shaft of tibia, infiltrating the tissues round about. He had great pain, and it grew in nine months, leading me to suspect cancer; from the microscopic appearance it looks more like osteo-sarcoma to me. I wish to be positive, and should feel greatly obliged if you tell me the microscopic structure, or hand it over to some microscopist. I will send notes of the case should you like to publish it.

Yours obediently,
THOMAS FAWSITT.

5, George Street, Oldham,
June 30, 1873.

[The tumour to the naked eye is tough looking, blue, very like cartilage with open dots of calcareous matter scattered throughout it. It gives but little juice in scraping it. Microscopically it is chiefly cartilage which has undergone calcareous changes, but in addition numerous cell forms are seen in teasing out the section. Such as are characteristic of the more embryonic forms of connective tissue, as found in very rapidly growing cartilage tumours—Sarcomas and Myxomas. These are large stellate cells with a large nucleus and nucleoli, and often with a double nucleus, Many very long tailed spindle cells are also found, and indeed cells of every conceivable shape. On the whole it should be called an enchondroma, and clinically it may be expected to recur.—ED. *G.H.G.*]

THE NOTICE BOARD.

—o—

MEDICAL MICROSCOPICAL SOCIETY.

The next meeting of this Society will be held at the Royal Westminster Ophthalmic Hospital on Friday, the 18th, at 8 p.m. No paper will be read, as the meeting is to be of a conversational character. All members are invited to exhibit on that evening.

C. H. GOLDING BIRD,
Hon. Sec.

PRIZE LIST EXAMINATIONS, 1873.

—o—

FIRST YEAR'S STUDENTS.

Monday, July 21st,—10—1, Anatomy; 3—6, Materia Medica and Botany.

Tuesday, July 22nd,—10—1, Chemistry; 3—6, Physiology.

Thursday, July 24th,—10—12, Comparative Anatomy.

Anatomy.....	400 Marks.	Chemistry.....	300 Marks.
Physiology.....	300 ,,	Botany	100 ,,
Materia Medica	300 ,,	Comparative Anatomy	100 ,,
			1500

SECONDYEAR'S STUDENTS.

Wednesday, July 3rd,—10—1, Anatomy; 3—6, Physiology.

Friday, July 25th,—10—1, Medicine; 3—6, Midwifery.

Saturday, July 26th,—10—1, Surgery; 3—6, Chemistry and Therapeutics.

Anatomy and Physiology	400 Marks each.....		800
Medicine, Surgery, & Midwifery	300 ,, ,, ...		900
Chemistry	250 Marks. Therapeutics ...	150 Marks...	400
			2100

THIRD YEAR'S STUDENTS.

Wednesday, July 16th, -10—1, Medicine; 3—6, Clinical Medicine.

Thursday, July 17th,—10—1, Medicine; 3—6, Clinical Surgery.

Friday, July 18th,—10—1, Midwifery and Diseases of Women; 3—6, Medical Jurisprudence.

Saturday, July 19th,— at 9 o'clock. Practical Examination in Obstetrics.

Medicine .....500 Marks—	300	for Paper	200	for Clinical.
Surgery.....500 ,,	300	,,	200	,,
Midwifery.....350 ,,	300	,,	50	Practical.
Medical Jurisprudence.....200 ,,				
1550				

THE TREASURER'S GOLD MEDALS.

Thursday, July 24th, -10—1, Commentary on a case in Medicine; 3—6, Clinical Examination.

Friday, July 25th,—10—1, Commentary on a case in Surgery; 3—6, Clinical Examination.

Saturday, July 26th, at two o'clock. Examination in Practical Medicine and Surgery.

This will include Chemical and Microscopical Examinations, the Operations of Surgery on the Dead Subject, and the Application of Apparatus.

The Examiners in the several subjects will hold *viva voce* Examinations at their discretion, for the purpose of more thoroughly testing the comparitive merits of the Candidates. Due notice of such *viva voce* Examinations will be given

CORRECTIONS.

In the report of the case of Jaundice in our last issue, on Page 77 line 31, for "There was swelling of the feet," read "There was *no* swelling of the feet."

On page 79, in the pass list for the Apothecaries' Hall Examination for "Mr. Hurd," read "Mr. Hind."

RECEIVED.—The Students Journal and Hospital Gazette,—The Aberdeen Medical Student,—The Medical Press and Circular,—The Country,—The London Medical Record,—The Doctor.

NOTICE.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

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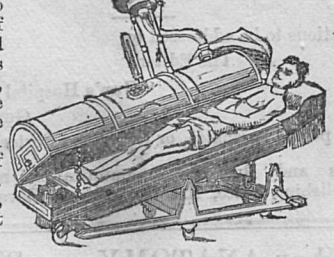

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Guy's Hospital Gazette.

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LANDLADIES *v.* STUDENTS.

BY AN OLD BIRD.

Perhaps there is no subject which comes so near home to a student as that of lodgings and landladies. And the question,—How much should it cost me to live?—is one which is anxiously asked by the student leaving home to come to London, and perhaps more anxiously by the pater-familias who has to supply the needful, to enable the student to answer the question by experiment. But experiments may be carried out in such a manner as to give false results, and therefore, I think that if those students as have had experience in the matter, would come forward with the results of their experience, some useful hints might be forthcoming; at any rate as an old bird I will give a little of my experience in the matter, hoping that this may prove useful to some student who has fallen into the hands of a sharp landlady.

I am not going to blackguard landladies in general, nor any landlady in particular, I am merely going to state certain facts that have occurred in my experience of lodgings. Some landladies are good old souls who take an interest, sometimes amounting to maternal affection in the student who is lucky enough to fall into their hands. They take care of him and of his things, darning his stockings, and sewing buttons on his shirts all for love; they can even so far overcome their natural predjudices as to dust down bottles containing "them 'orrid speciments." In return for this, perhaps they get doctored for the rheumatism, or chronic bronchitis, to which they are martyrs, and for which they think no one so competent to prescribe as their lodger. To students who have fallen into such good hands, I can only say, stay where you are and be thankful. But between this rare species of landlady and the vampires, there exists a gradual series of connecting links.

I believe students as a rule, are wanting in business habits. Some come straight from a home in the country where matters of pounds, shillings, and pence scarce entered their heads. Others come straight from school, and are innocent of the price of groceries. They receive and pay their weekly lodging bill served up on a dirty scrap of paper, without ever looking at the figures, other than the total at the end, and such items as "use of mustard, 6d.," would entirely escape their notice.

I once paid sixpence for "use of mustard;" I perhaps was an ass to pay it, but I give anything for peace, and this item was prognostic of a prolonged conflict, therefore I quietly paid it, but I had no more mustard or anything else at that establishment, after the next week.

I think that the ideas common afloat regarding rapid disappearance of tea and sugar, wholly unaccounted for by the lodger's own consumption, are erroneous. I do not think students come across many landladies who would absolutely walk off with their goods in a direct manner; where goods disappear, the act of their removal must have been some extenuating circumstances, connected with old established landladies' customs, which to a landlady's conscience place a vast line between the removal of such goods and stealing. To go to a lodger's tea caddy, and abstract tea therefrom would be stealing. I do not think that the landladies, students come across, would do such a thing,—at least such is my experience; but to place such a quantity of tea in the lodger's teapot, that it will bear another brew when he has done with it, is quite another question. Curious ideas are also prevalent amongst landladies as to the desirability of the lodger having a new loaf every morning, and never again wishing to see the remains of yesterday's.

The existence of this notion was brought forcibly to my mind by one of my landladies regaling me with a full and complete account of the social habits and customs of the lodger upstairs. Amongst other things, she complained of his great love of smoking, not that she minded the smell of the smoke, but Mr.——— did smoke so much that it affected the flavour of the viands on his table, insomuch that "the children would not touch a bit of anything that came out of his room." Happy Mr. ——— ——! Not thinking my smoking powers equal to his, I moved. It might be inferred from the two instances I have given, that I was in the habit of quarrelling with landladies, and moving accordingly, but I am happy to say that the above, were the only two instances in which I changed my lodgings, because I thought I had fallen into bad hands. My first landlady was one of the good old souls,—the rare species,—she spoilt me for all other lodgings,—she took care of me and of my things, and I ever regret the day when she gave up lodging keeping, for it was not till then that I left her. My next stay was only for a fortnight, at the place where I experienced the mustard adventure. Next, I fell into very good hands, and as I believe my landlady was in this instance a fair specimen of what a landlady ought to be, I will give one of my week's bills, as a specimen of what I call a fair bill for a student's week's expenditure in lodgings. My first landlady I verily believe, cheated herself in the bills, my second cheated me, but my third I believe did neither, but dealt fairly, therefore I take her bill as a fair specimen. Now, it must be known that I had an habit of buying my own tea, coffee, and butter, and therefore, these three important items are not included in the bill.

Account for the week ending . . . . 18th, 187 :—12th—Milk, ½d; Bread, 2d; Sugar, 2½d. 13th—Bread, 2d; Milk, 1d; Sugar 3d; Oil, 4d. 14th—Bread, 2d; Milk, 2½d. 15th—Milk, 2½d. 16th—Bread, 2d; Milk, 2½d. 17th—Bread, 2d; Milk, 2½d. 18th—Bread, 2d; Milk, 3d; Washing, 10½d; Rent, 10s. Total,—13s. 10½d.

And this is a fair sample of my expenditure, though the items might differ. Milk formed an important part of my expense, as I almost lived on it, and do so now. Of course this says nothing about dinner; for this, the student fares better and cheaper at one of the numerous eating-houses, which call for his patronage, than ever he can in lodgings.

Now, there is a mystery about some weekly accounts that I never yet have been able to fathom. An account with an astonishing total will be presented by some landladies, without your being able either to fix upon any individual article to quarrel with, or to find any mistake in the total at the end, and a large sum is reached in no time with small things arranged in a manner known only to landladies of the vampire species. At least the manner was never known to me, though the results have been painfully so, and perhaps some other student lodger can throw more light on it than I can. But I have not yet answered the question as to how much a student's weekly lodging bill should be. I do not yet mean to attempt an answer, but I shall feel much obliged if any of your student readers will send letters on the subject, for insertion in this paper, and if those who have not anything particular to say on the subject will send me copies of sundry of their weekly, bills addressed to me at your office, they will supply me with data on which to base a letter which shall contain a full and complete answer to the question of student's weekly expenditure.

Any one who adds his mite of information, will do a good service to his fellow-student; he will aid the student whose parents may be labouring under the idea, that a man can live as cheaply in these days as he could twenty years ago, and he will also aid the parent who may have been subjected to the process of stuffing on the extent to which the increased prices affect the student's living. If students will only come forward with information, I shall be most happy to put it together, and by the aid of such information, I trust in a future letter, to be able to enter more fully into the subject. I shall therefore feel glad of any specimens of bills, and also of any information on the numerous subjects left untouched in this letter, such as lights, coals, boot-cleaning, and the matutinal tub, to obtain the water for which last-named necessary pracess had often been one of the difficulties met with, by yours truly

AN OLD BIRD.

CLINICAL LECTURE.

DR. HILTON FAGGE ON DISEASES OF THE VALVES OF THE HEART.

The most important characters of cardiac murmurs depend upon their *rhythm* and their *seat*. In rhythm a murmur may either be presystolic, systolic, or diastolic. 1. A presystolic murmur always indicates mitral stenosis, as was first pointed out by Fauvel, and afterwards by Gairdner. It is very local, being heard only at the heart's apex; and it has a peculiar harsh quality, and is attended with a thrill perceptible to the hand. Sometimes it is so short as to resemble the "first sound" of the heart, and as the real "first sound" becomes just like a "second" sound in these cases, the effect may be that the existence of any morbid condition may be entirely overlooked. Dr. Barclay has lately endeavoured to prove that the presystolic murmur is really due to mitral regurgitation, the closing of the valve being delayed, and not occurring at the commencement of the ventricular systole. But Mahomed's cardiographic observations have shown that this view is untenable. It has been thought that in some cases a tricuspid presystolic bruit has been heard: but this is doubtful, for tricuspid stenosis never occurs without a still greater degree of mitral stenosis, and the murmur may have been carried from the left side of the heart towards the ensiform cartilage (which, it is to be

supposed, would be the seat of a tricuspid presystolic murmur). 2. A systolic murmur may be either pulmonary, aortic, tricuspid or mitral. If it is *pulmonary*, it is almost invariably due to malformation of the valves, unless indeed it is anæmic or functional. If *aortic*, it may either be due to obstructive disease of the aortic orifice, or to anæmia. In children the pressure of the stethoscope will sometimes suffice to generate a basic systolic murmur; and the same result is occasionally due to the pressure of consolidated lung (as in phthisis), upon the trunk or branches of the pulmonary artery. If *tricuspid*, a systolic murmur depends upon regurgitation through the right auriculo-ventricular orifice, itself almost always secondary to disease of the left side of the heart, or to cirrhosis of the lung. On the other hand there is often great difficulty in the interpretation of systolic murmurs which, if organic, would belong to the *mitral* orifice, being heard at the apex of the heart. Such a murmur is sometimes of respiratory origin, being due to the pressure of the heart upon a little projecting flap or process of the left lung. If the curtain of the mitral valve be found after death to be torn, or its edge be very hard or inverted, regurgitation doubtless existed; but often the valve appears quite healthy in cases in which a systolic apex murmur had been heard. Dr. Bristowe thinks that in such cases the chordæ are too short, the valves thus being "tethered" too tightly. Others are of opinion that there may really have been no regurgitation; and this is Dr. Fagge's view; he thinks that dilatation of the left ventricle may in some way generate a murmur without valvular defect. When the murmur is audible in the axilla and near the left scapula, as well as at the apex, it is doubtless always regurgitant; but only loud murmurs can be expected to be audible in the back. Dr. Fagge does not think that intensification of the pulmonary second sound is of any value as indicating mitral regurgitation: it is a very valuable and important sign of increased tension in the pulmonary vessels, but this may arise from a variety of causes. 3 A *diastolic* murmur almost invariably indicates aortic regurgitation. The exceptions are—1. That t may be due to pulmonary regurgitation. This is the rarest of all valvular defects. Dr. Wilks probably once heard a pulmonary diastolic murmur. It has perhaps never been diagnosed during life; nor is it likely it ever will be diagnosed, for an aortic diastolic murmur is generally heard down the whole length of the sternum, in the very position which a pulmonary murmur might theoretically be expected to occupy. 2. That it may be due to aortic aneurism. This would not be traceable down to the heart's apex, like a regurgitant aortic murmur. We have now in the wards a case of aneurism, in which there is some doubt whether the valves are not also incompetent. 3. That it may be due to patent ductus arteriosus or aneurism communicating with the pulmonary artery. Of the former affection Dr. Fagge had a striking example a year or two since.

Passing now to those *effects* of valvular disease of the heart which affect the patient's health, we find that these may be divided into three classes. Firstly, there are those effects that are due to the carrying away of detached fragments and detritus into the blood, and their lodgment in distant parts. These effects are two-fold. When a mass of some size is carried off and washed into an artery of some size which it plugs, we have *embolism*. The result is that the circulation in the part is arrested; the part, however, does not usually become anæmic, but hyperæmic. Blood is then extravasated. It and the elements of the tissue undergo fatty degeneration, and peculiar wedge-shaped patches (or infarctus) are produced. This occurs especially in the kidneys and spleen; also in the mesentery. Embolism of the cerebral arteries is also common, especially of the left middle cerebral: the corresponding part of the brain then generally becomes softened. The arteries of the limbs may become blocked, especially at points of bifurca action; gangrene results, which is not necessarily of the dry variety. The clinical features presented by cases in which embolism of the viscera is going on depend in part upon the local changes. Thus an infarctus of the spleen may slough and set up peritonitis; and severe intestinal symptoms are sometimes caused by embolism of a mesenteric artery. But in much greater part these symptoms are dependent upon a general contamination of the blood, or *infection*, as we may term it, following Virchow, who has even given the name of Endocarditis Maligna to some cases of this kind. There is fever, the temperature reaching 104° or 104·8°. Among the other symptoms are repeated shivering, extreme prostration, delirium and somnolence, an icteroid tinge of skin, articular pains, enlargement and tenderness of the spleen, petechiæ or even purpuric blotches on the skin. The disease is thus very likely to be misunderstood, unless it be known that the patient has had cardiac disease; it is mistaken for enteric fever, or idiopathic pyæmia, or acute rheumatism, or even ague. The precise nature of this process of infection is doubtful. Virchow long ago showed that portions of caoutchouc, injected into the veins, acted simply mechanically, causing embolism of the pulmonary artery: while pieces of putrid flesh caused inflammatory changes and sloughing in the corresponding parts of the lungs. Recently certain Swedish writers have shown that Bacteria are very numerous in the substance of the diseased valves in cases of this kind; and even chains of granules, such as are termed leptothrix. They think, therefore, that these minute organisms are concerned in carrying infection to distant parts, and Virchow appears disposed to adopt this view.

THE OPERATING THEATRE.

—o—

Tuesday, July 15, 1873.

Amputation through the Thigh.

By Mr. Bryant.

This was for a malignant tumour growing rom the inner condyle of the femur. The patient struck his knee about two years ago; the blow produced a swelling, and this swelling increased in size. Mr. Bryant stated that he had seen the patient about two months ago, and that he then had a tumour of considerable size just over the inner condyle of the femur; he examined it carefully at that time, and came to the conclusion that it was a tumour involving the bone. It could not be an abscess in the bone because the pain produced by it was of a dull character, whereas the pain in abscess was of a much more acute character; an abscess also would have produced more constitutional disturbance than was present in this case. The tumour was very vascular and might be felt and seen to pulsate, thus stimulating an aneurism of bone. The history of the case, however, put this question at rest, as if the tumour had been aneurismal it would have pulsated from the very commencement, whereas this tumour had only lately showed signs of pulsation. Its pulsation was not like that of an aneurism, as it did not expand in all directions. The most important point that the surgeon had to decide regarding the growth was, whether it was of a simple or of a malignant character. Mr. Bryant thought that it must be the latter; its growth was rapid, and the tumour seemed to be com-

posed of boney plates separated by soft tissue which was probably cancerous. There were also enlarged glands in the groin. Whatever might be the pathology of the growth the treatment was clear—it must be removed, and in these cases the prognosis was very bad. The patient then being under the influence of ether, the torunique[t] was applied by Mr. Howse, the limb having first been raised to empty it of blood. Mr. Bryant remarked that he supposed about 6 oz. or 8 oz. of blood would be saved by this simple act. Mr. Bryant then proceeded to amputate in the lower third of the thigh, making the anterior flap of skin and fascia alone, and dividing the muscles by a transverse incision. The posterior flap was cut by transfixion, Torsion was applied to all the vessels requiring. On section of the tumour it appeared to have grown from the periosteum and encroached upon the bone. It appeared to be made up of fibrous tissue; it was lobulated, and infiltrated the surrounding tissues.

Removal of Portion of Labium.

By Mr. Howse.

This was for epithelioma of right labium encroaching upon the vagina. The growth had been removed once before, but had returned in its original site, forming two small projections about the size of a pea. Mr. Howse now proposed to remove the tissues for some distance round the growth; this would necessitate the removal of the posterior half of the right labium. Mr. Howse remarked that in performing this operation he was acting on the principle followed in removing nodent ulcers about the face. He quoted a case in which he had removed the whole nose. In the present case he would use the galvanic cautery, in order to avoid the hæmorrhage which usually followed cutting operations about these parts. The patient being under the anæsthetic, Mr. Howse passed a needle armed with platina wire through the tissues behind the growth. Applying the cautery, he divided the growth into two parts; these two portions he removed by separate applications of the wire.

MEDICAL WARDS.

We are indebted to Mr. L. J. Wilding for the following report of a

CASE OF DOUBLE ANEURISM.

L. T., æt. 51, was admitted into No. 20, Petersham Ward, on June 11th, 1873.

Family History—Father and mother are both of them dead, had always enjoyed very good health, and they died of old age. She never had any brothers or sisters. All the family have lived to a good age. No history of Phthisis.

Former Illness—In April, 1860, the patient was admitted into Martha Ward, under the care of Dr. Addison, for dropsy of the stomach. She said, that eighteen months before she was admitted, she noticed that her abdomen was gradually getting large, but that at the same time, her legs were not at all increased in size; she was under the care of different medical men, but they all said that she was pregnant. As she got worse, she was admitted into Guy's April, 1860: Her abdomen became so large that tapping was proposed, and after a time she agreed to it. She did not swell at all after the operation, and in August of the same year, she left the Hospital quite well. She said that her illness began with great pain in her navel, and vomiting, but her bowels were much constipated. She was not jaundiced at all. Her catamenia ceased for eighteen months before her illness.

Present Illness—The patient who is married, but has never had any children, has always been regular, until seven years ago, when her catamenia ceased. She says that since she was last admitted, she has kept very well indeed, with the exception of feeling rather weak. Last Christmas, she noticed that her feet began to swell; she has no remembrance of her feet getting wet, or of her catching cold. Her eyes did not swell at all in the morning; she suffered greatly from dyspnœa if she lay on her right side. She did not send for a doctor for some time, but at last, as her legs were swelling, she did so, and he gave her some medicine which took the swelling down. For some time, she managed to keep her legs the natural size by bathing them and taking medicine; but in March last she was seized with violent pains through her stomach, passing right through to her back. Her bowels all along had been very constipated; she got worse; the pain in her stomach affecting her breathing greatly, and she came into Guy's. She has never had gout or rheumatism, but has suffered occasionally with sore throats, but her glands never swelled, and has never had any ulceration of the throat. Has had every spring and autumn, for years, a bad rash which itched very much. Her abdomen has not been swollen, but her arms have.

On Admission—The patient is a thin woman, with dark hair and eyes, her hands, legs, and thighs are much swollen,—she is not able to lie in bed, but is propped up by pillows. Her complexion is sallow, her lower eyelids pale. Her lips are not congested; when she coughs her right apex appears above the clavicle; veins prominent—Chest Palpation—both sides expand equally, but not fully. Percussion,—on the right anteriorly it is resonant, on the left anteriorly, above on, and below the clavicle at the apex it is dull; below the apex it is resonant. Posteriorly it is fairly resonant both sides. Auscultation—intensely at right apex; the inspiratory murmur is exaggerated. The expiratory murmur is slightly prolonged on the left side. Posteriorly, there is rhonchus on both sides, nearly over the whole of both lungs, and the expiratory murmur is very harsh and prolonged. (This was materially lessened before she died), especially on the left side (there is a back stroke in one of the superficial intercostal veins). Heart—Dulness between second and third intercostal cartilages and fifth ribs; 1st sound, sharp, slightly runs into 2nd sound, which is not clear. These were the only sounds that I could hear at first, as her breathing was so laryngeal aloud. Afterwards, I heard aortic double, and a bruit at apex (systolic), but not heard in axilla. Abdomen resonant, no fluctuation. Pulse, splashing and quick. Liver, dulness normal. Spleen, dulness increased. Sputa, frothy tinged with green. Urine, specific gravity 1026, acid, very turbid, copious deposit of lithates, albuminous. To have—gin 2 oz., and chop. Tr. Digitalis 7 minims, Ex. Mist. Senegnæ 1 oz., every 4 hours. Pulv. Jalap Co., 40 grs., statim. Liq. Morph. Hydrochlr. 25 minims, Ex. Aqua Camph. 1 oz.

June 14—Cough very troublesome, expectorates a great deal. Got a little sleep last night.

June 16—Cough not quite so troublesome. Has slept but little, and says that she has frequently to get up and pass water, but passes very little at a time. Tr. Digitalis 7 minims, Tr. Camph. Co. ½ dr., Syr. Papaver 1 dr., Ex. Mist. Senegæ, 1 oz., t. d.

June 17—Her breath is rather worse this morning.

Says that she took her draught at eleven last night, and slept for three-quarters of an hour, and then remained awake for the rest of the night. Her bowels are opened every day. Her abdomen is more swollen, no fluctuation.

June 18—Got up yesterday, and was obliged to get into bed again directly, as she felt nearly suffocated. Breathing very fast this morning, and is in great pain across her abdomen, which is more distended. Has a linseed meal poultice over her stomach. Her left hand is much more swollen.

June 19—Had an injection of morphia last night, slept better after it.

June 20—Slept better last night, her cough is still very bad, and she spits a good deal of frothy mucus. The left arm and hand are more swollen, and her right hand is more so. Has still great pain across her stomach. P. 120, R. 42. Dr. Moxon felt the aorta beating above the sternum, and said there was pisiform aneurism. To have—Empl. Belladonnæ, pro pectori, Inhalet Ether 1 oz., (chloroform ½ oz.,) Vel Amyl. Nit. 1 gr., si opus sit. Mustard leaves. The ether, &c., were to be placed on the palm of the hand and inhaled, as she had asthma.

June 23—Urine contains a good deal of albumen, arm more swollen. Has spasms (asthma), at night, which stops her breathing. To have 6 eggs, and 6 oz. brandy.

June 24—Very much worse, cannot sleep. R. 74, P. 70. Dying.

June 25—Was delirious last night, and died at 3.45 this morning, and was conscious to the last.

Post-mortem—The heart appeared large and flabby. On pouring water down the aorta, it ran through the valves. On opening the heart, the mitral valves were healthy; on opening the aorta just above the right anterior valve, there was an aneurism, the opening of which was about the size of a shilling, pressing on the pulmonary artery at the junction of the ascending, with the transverse aorta. There was another large aneurism, the opening of which, was about the size of a crown-piece, it passed right behind the innominate artery and had pressed in the left innominate vein, completely obliterating it for about one and a-half inches. But there was another vein joining, where it was obliterated, running down parallel to the aorta. Kidneys were very granular. Lungs were diseased, apices œdematous, but a portion thrown in water floated. A good deal of calcareous matter about them. I could not see anything abnormal in the abdomen to account for the pain felt before death.

This case was a curious one, inasmuch as there was a double bruit at the base, and an aneurism which caused the right anterior valve to be turned over; the œdema of the left arm was caused by the second (and larger of the two aneurisms) pressing on, and so obliterating the left innominate vein.

The following cases were admitted from July 10th to July 16th, 1873.

PETERSHAM.

9—Hysteria
11—Renal Dropsy

PHILIP.

5—Epileptic Fits
9—Subacute Rheumatism
15—Psoriasis
17—Addison's Disease
40—Rheumatism
41—Subacute Rheumatism
47—Gonorrhœal Rheumatism

STEPHEN

4—Pleuro-pneumonia
11—Bronchitis
18—Morbns Cordis—Mitral
26—Cirrhosis of Liver
41—Pneumonia
42—Neuralgia

MARY.

13—Morbus Cordis
24—Morbus Brightii
26—Retroversion
36—Hæmatocele

ADDISON.

10—Chronic Rheumatism
18—Constipation
23—Dyspepsia—Hysteria
33—Morbus Cordis
32—Swelled face from blow

BRIGHT (Clinical).

39—Immersion
39½—Heart Disease

ASTLEY COOPER (Clinical).

4—Scorbutus Bronchitis—Emphysema
14—Enteric Fever

SURGICAL WARDS.

The following cases were admitted from July 10 to July 16, 1873.

ACCIDENT.

1—Fracture of Base of Skull
2—Fracture of Tibia
17—Injury from Fall—Death
19—Scalp Wound—Injuries to Arm
22—Fractured Jaw
32—Compound Fracture of Femur

CORNELIUS.

3—Fractured Tibia and Fibula
11—Wound to Artery in Palm of Hand—Operation
19—Scalp Wound—Delirium Tremens

In our last issue the diagnosis of No. 15 was stated to be Diseased Hip, whereas it should be Dislocated Hip

MARTHA.

4—Fractured Tibia
8—Injury to Knee
9—Contused Head
14—Severe Scald
16—Injury to Knee

LYDIA

7—Ulcer on Leg
22—Bad Leg

LAZARUS.

7—Injury to Knee—Bloody Effusion
10—Chronic Abscess in Abdomen
14—Stricture
15—Contraction of Throat, from Old Burn
20—Fistula

JOB.

2—Osteo-sarcoma (?)—Enchondroma (?) of lower end of Femur
3—Hydrocele
4—Injury to Finger—Amputation
14—Hydrocele
17—Stricture

NAAMAN.

7—Abscess in Rectum

LUKE.

1—Inflamed Arm from Sore on Finger
3—Diseased Knee-joint
6—Stricture
11—Epithelioma of Lip
13—Stricture
14—Chronic Synovitis of Left Knee
17—Abscess on Arm

DORCAS.

4—Disease of Throat—Growth (?)

CHARITY.

6—Diseased Knee
10—Diseased Hip
15—Diseased Throat
22—Cancerous Growth—Operation

BARNABAS (Ophthalmic.)

6—Corneo Iritis—Syphilis
8—Ophthalmitis (?)—Left Eye
14—Cataract, right Eye
18—Closed Pupils, both Eyes
19—Cataract, left Eye
22—Corneal Opacities

RUTH (Ophthalmic)

26—Obstruction of Tear dock
27—Granulations—Closed Pupils, both Eyes
30—Closed Pupils
31—Sloughing Ulcer, left—right lost
32—Corneo Iritis
37—Iritis, right Eye
44—Closed Pupils, both Eyes
48—Cataract, both Eyes

CORRESPONDENCE.

—o—

[*We do not hold ourselves responsible for the opinions expressed by our Correspondente*]

THE HIGH-PITCHED NOTE UNDER THE CLAVICLE IN PLEURITIC EFFUSION.

To the Editor.

Sir,—As far as I am aware this clinical fact has as yet received no very satisfactory explanation, and therefore its cause is perhaps still open to suggestions, I offer your readers the following for dissection ;—

When we percuss a special rib, we must not look upon the sound produced as the result of the vibrations of that rib alone, but as of that side of the chest-wall as a whole ; if this were not true, to percuss the ribs from below upwards, would be like running up the notes of a piano, the large ribs giving a low full note, the first a much higher one ; this would be the case if you could isolate them. The only one, however, that disease isolates for us is the first, and that is by stopping the vibrations of all the others, by pouring out fluid in contact with them ; therefore it seems reasonable to suppose that the high-pitched note under the clavicle in pleuritic effusion is due to one or two of the short ribs vibrating alone ; it is equal to comparing a small with a large drum, of course with the small vibrating surface you get a much higher note than with the larger one. When I alluded to the whole, or greater part, of the chest-wall vibrating, I only meant under healthy conditions, or else percussion over localised solid lung would give resonance, from the vibrations extending over the healthy lung ; this, however, does not occur, because the solid stops the vibration.

FRANK T. PAUL.

GENERAL NEWS

—o—

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen passed the Primary Professional Examination on Thursday, July 17th, 1873 :—

Mr. A. G. Lacy.
Mr. J. Barlow.
Mr. A. C. Routh.
Mr. G. Coates.
Mr. F. C. Coley.

Diploma of Member.

Examination of Surgical Anatomy and the principles and practice of Surgery.

July 18th, 1873.

From 1 to 4 o'clock, P.M.

Candidates *must* answer at least four out of the six questions. Answers to *less* than six questions will not be received before half-past 3 o'clock.

1. Under what circumstances may Blood be passed by the Urethra ? By what signs would you distinguish its probable source ? State the treatment you would adopt.

2. What is Carbuncle ? State in what conditions of the general health this disease generally occurs. Describe its course from its commencement to its termination in a favourable case.

3. Describe in the order in which they appear, the parts met with in a dissection from the Skin to the Peritoneum, of that region of the abdominal wall which is bounded, below by Pouparts ligament and above, by a horizontal line drawn from the Anterior Superior Spine of the Ilium to the median line.

4. How does Dislocation of the Head of the Humerus in the Axilla usually occur ? What are the chief signs upon which you would rely to distinguish this injury from others in the same region ?

5. In what cases and under what circumstances may Tracheotomy be required ? Describe the operation and point out the difficulties and dangers that may arise in the course of it.

6. What fluctuating or fluid Swellings may present themselves in the popliteal space? Describe their characteristics; and state briefly the treatment appropriate in each.

[The First College Paper is left over till our next issue.]

APOTHECARIES' HALL.

The following questions formed part of the Primary Professional Examination, on Thursday, July 3rd:—

1. Under what heads are organic bodies classed. State their types, and illustrate their examples.

2. Explain monad, dyad, &c., to hexad. And state what substances come under each heading.

3. State the phenomenon of fermentation and the conditions essential to its occurrence.

4. How is the Solar Spectrum produced and exhibited? State the peculiarities of certain positions of it.

Materia Medica.

1. How is Hydrocyanic Acid prepared? Give the formula of making it, and the decomposition that takes place.

2. Mention the liquors that contain Iron. State how they are prepared, and give their tests, and relative strength.

Botany.

1. Describe the natural order Papaveraceæ, and compare it with Ranunculaceæ.

The time allowed for the paper was three hours.

(From *The Medical Press and Circular.*)

TRANSCENDENTAL QUACKERY.—Dr. M'Clelland, in his report on civil malpractice, sets down as quacks those who assert in their therapeutics that the administration of 1,000,000,000,000,000,000,000,000,000,000th of a grain of carbonate of lime (common chalk) produes no less than 1,090 symptoms, from which the following are selected by him: "On the fifth day, itching on the border of the eye-lids; thirteenth day, in the evening, on going out, unsteady gait; seventeenth day, ardent venereal desires, especially a walk before dinner; twenty-first day, great heat at extremity of the big toe; twenty-eighth day, itching at the anterior part of the glans penis after micturition." The doctor mus have been reading the poets.—*Pac. Med. and Surg, Journi*

(From *The London Medical Record.*)

ALDEN ON OINTMENT OF OXIDE OF ZINC.—E. A. Alden (*Amer. Journ. Pharm.*) says that a good way of preparing this ointment is to rub the zinc oxide with a small quantity of glycerine to a fine smooth paste, and then mix with the benzoinated lard. A perfectly smooth ointment is thus readily obtained, which is free from any rough or gritty feeling when rubbed on the skin. He also finds glycerine to be the best excipient for making oxide of zinc pills, care being taken not to make them too soft.

RECEIVED.—The London Medical Record,—The Medical Press and Circular,—The Country.

NOTICE.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

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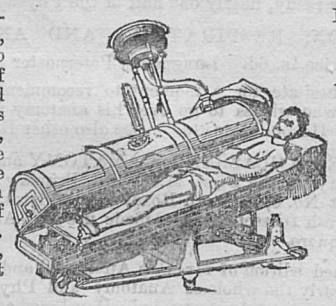

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Guy's Hospital Gazette.

VOL. II.—NO. 14. SATURDAY, AUGUST 2, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

The Hospital is beginning to assume the deserted aspect usual during the dull season of the summer vacation. Every student who is not kept up in London by an appointment, has already taken his departure to some part or another of the country, to get rid of the effects of London smoke, and dissecting-room smells, and to come back in October to commence work with renewed vigour, and, we hope, to keep up the high standard which Guy's has taken in the pass lists of the Royal College of Surgeons. During the vacation there will be but little news of importance for us to chronicle, and we have therefore decided to publish fortnightly instead of weekly, during the vacation months. In the four numbers that will thus be published before October, we shall be able to finish our reports of the Clinical Lectures delivered during the past summer session, and to publish the most important operations, and some interesting cases that may occur during the next two months.

We trust that those students who will remain at work during the vacation will aid us in collecting any news that may prove useful to their absent fellow-students.

A threatened strike amongst the men employed in the building trades caused some anxiety to those who are responsible for the alterations that are being made in the dissecting-room and adjoining buildings. Had the strike taken place the buildings would not have been ready for work in October next. Things, however, have been arranged in a satisfactory manner between masters and men, and the work of reconstruction is progressing steadily. Already the walls are completed and the roofing-in of the added portion of the dissecting-room will soon be commenced.

The old Guy's men who come up in October to hear the opening address, will scarcely recognize the old place in which they gained practical knowledge of one of the most important subjects of their curriculum.

With the advantages of increased accommodation and comfort the second year men of 1873-4, should surpass even the results of our last year's pass list at the primary examination at the College of Surgeons. And we trust that a good supply of subjects will be forthcoming, for on this will depend in great measure the value of the increased space afforded by the alterations.

During the next week the annual meeting of the British Medical Association will draw a number of old Guy's men from the country to London. Many of these will no doubt take the opportunity afforded to visit the old school, and thus the empty appearance presented by the colonnade and operating theatre during vacation, will be in a measure counteracted by their presence. As pointed out in an article in this paper, a great number of changes have taken place both in the Hospital and the school buildings, during the past ten years, and those old Guy's men who have sons about to enter the profession, will, by a personal visit, be able to appreciate the advantages that they will derive from the improvements. The new Chemical theatre, the new microscopical room, and anatomical museum, should not be forgotten by those who wish to "do" the Hospital.

CLINICAL LECTURE.

DR. HILTON FAGGE ON DISEASES OF THE VALVES OF THE HEART.

(*Continued from page* 91.)

The second class of effects of disease of the cardiac valves

is the production of changes in the circulation of the blood; and morbid changes in the heart, in the blood-vessels, and in distant organs follow in consequence. When any one of the valves is diseased, the condition of things produced may be considered under three heads :—1. The effect produced on the cavity of the heart immediately behind the valve; 2. The effect produced in the direction of the blood stream; and 3, The effect produced backwards or against the blood stream. Diseases of the aortic valves may be either obstructive or regurgitant. But, in the majority of cases, both these conditions are present. The primary effect of disease of the aortic valves occurs in the left ventricle. In aortic obstructive disease the ventricle becomes overloaded with blood, and its walls dilated at the same time, owing to its having to exert an increased force to propel its contents onwards, it becomes hypertrophied. In aortic regurgitant disease the same changes take place, these changes contributing the *compensation*, by which the several morbid changes are more or less prevented from further disturbing the circulation. The hypertrophy and dilatation of the left ventricle in aortic disease may reach an extreme degree, the changes taking place more quickly than might be expected, though sometimes when the disease of the valves has came on suddenly, there is no time allowed for the compensatory changes; such cases are rapidly fatal. Regurgitation or obstruction may also be so extreme as to render compensation impossible. The next effect of aortic valvular disease consists in changes in the arterial pulse. In aortic obstructive disease little effect is produced on the pulse, unless the obstruction is extreme, in which case the pulse is hard, small, rigid and concentrated. In aortic regurgitant disease very remarkable changes take place in the pulse, changes so remarkable that they often enabled the physician to diagnose the nature of the case without aid from any other source. Among the changes in the pulse indicating inadequacy of the aortic valves, Sir Dominic Corrigan was the first to point out the existence of visible pulsation in the arteries of the head and superior extremities. The arteries are also elongated during the pulsation much more than in health. To the touch the pulse in aortic regurgitant disease gives the idea of peculiar largeness or fulness, immediately followed by an equally peculiar collapse; this is called the "jerking," "splashing," "collapsing," or "water-hammer" pulse. The pulse of aortic regurgitation differs from that of health in travelling along the arteries much more slowly. The radial pulse which normally follows very close upon the ventricular systole may in aortic regurgitant disease be almost synchronous with second sound of the heart. To explain these conditions the great dilatation and hypertrophy of the left ventricle have to be considered. This condition produces an increase in the quantity of blood injected into the aorta, causing the pulse to be full and large. Under normal conditions the elastic recoil of the arteries is slow and gradual, but in aortic regurgitant disease, owing to a want of resistance in the aortic valves, the arteries collapse suddenly. With regard to sphymographic tracings in aortic disease: in the obstructive disease the upstroke is oblique and sloping, and the summit of the tracing rounded; in aortic regurgitant disease the upstroke is very high, and the dicrotic wave is wanting. In some cases of aortic regurgitant disease, the peculiar characters of the pulse are wanting, both to the touch and to the sphymograph. This may be due to the circumstance that the reflux of blood is small in amount, or to the fact that mitral regurgitation is also present. The diagnosis of valvular incompetency may be made more easily, and perhaps as surely, with the stethoscope as with the sphymograph. It is for the purposes of prognosis that the latter instrument is almost essential. The after-effects of aortic disease may not be confined to the arterial system, for the supply of blood to the capillaries may be deficient, and an impairment in the nutrition and the functions of distant organs follows. This is especially marked in the case of the brain, resulting in attacks of giddiness which formed one of the symptoms of aortic regurgitant disease. Anæmia and wasting of the whole body are also frequently present. Backward efforts of aortic disease are absent as long as the changes in the left ventricle enable the heart to work efficiently. But whenever the compensatory processes fail, a fresh series of changes takes place, these changes being similar to those present in primary diseae of the mitral orifice.

THE BEST WAY TO PUT DOWN QUACKERY.

(From *The Medical Press and Circular.*)

The best way to put down quackery, in and out of the profession, is by educating the people on medical subjects. It is a general belief with the people that it is impossible for them to investigate and understand questions relating to medical science; and this belief has been strengthened by the general bearings of the profession towards the public in these matters. While there is undoubtedly much in our science and art that requires a well trained mind to understand and comprehend, there is still nothing so mysterious and profound in the science and practice of our art but that their general principles may be made intelligible to most people. True there is a great amount of technical language, which it seems difficult to set aside, and without a knowledge of which on the part of the people, it would be impossible in some instances to properly apprehend the meaning of much that relates to the subject of medicine; but the facts and truths which go to make up its great leading principles may be easily expressed in the plainest and simplest language. Great men find no difficulty in making themselves thoroughly understood in dealing with some of the most abstruse subjects.

CORRESPONDENCE.

—o—

[*We do not hold ourselves responsible for the opinions expressed by our Correspondente*]

A "GUYITE CLUB."

To the Editor.

SIR,—Will you please give prominence to the following notice in your next issue :—

At a meeting of third and fourth year's students, held in the Anatomical Theatre, on Saturday last, Mr. A. Carter in the chair, for the purpose of forming a "Guyite Club," the following resolutions were proposed and adopted :—

Resolution 1.

Proposed by Mr. Chicken, and seconded by Mr. Field,—

"That those students who entered Guy's in the years 1869 and 1870, shall combine to form a 'Guyite Club.'"

Resolution 2.

Proposed by Mr. W. C. James, and seconded by Mr. Manser,—

"That a committee be formed to manage the affairs of the Club, *pro tem.*"

Resolution 3.

Proposed by Mr. W. H. Williams, and seconded by Mr. Bradshaw,—

"That Messrs. Chicken, Paul, and McKay be appointed representatives on the committee for the year 1869, and Messrs. Medcalf, Rudd, and Hooper for the year 1870."

Resolution 4.

Proposed by Mr. Chicken, and seconded by Mr. James,—

"That a public notice be given that a 'Guyite Club' is about to be formed, for the united years 1869 and 1870; to which every Guy's man of those years shall be eligible to apply for membership.

"That a public meeting shall be called to decide on their acceptation or rejection."

All those gentlemen who entered in the years 1869 and 1870, desirous of joining the Club, are requested to give their names either personally, or by letter to any member of the committee, to whom any communication can be addressed respecting the objects, or working of the Club.

Yours obediently,

A. Hooper,

Sec. *pro tem.*

Guy's Hospital,
July 29th, 1873.

THE OPERATING THEATRE.

Tuesday, July 29, 1873.

Excision of Head of Femur.

By Mr. Duvies-Colley.

Patient, aged 8 years, had a fall on his thigh about six months ago; this was followed in two months by an abscess, which was opened, leaving a sinus which had continued to discharge ever since. The limb had been kept at rest, and an incision made over the great trochanter, which had been dressed antiseptically. At the time of operation the patient had a sinus above and behind the trochanter major; a probe passed into this came upon bare bone, about the posterior part of the acetabulum. Mr. Davies-Colley made an oblique incision three inches long from below, backwards, and upwards to the sinus. The finger passed into the cavity showed that the joint was opened, the heads of the bone being rough and bare; it was therefore turned out of its socket and sawn off. The cartilage had gone from the acetabulum, but the bone did not seem diseased. On examining the head of the bone it was uncovered by cartilage, but had a few granulations upon it. The ligamentum leres was still present but attenuated and gelatinous; some of the periostenm was stripped off the head of the bone by an elevator before the neck was sawn through.

Tillaux on the Effect of Air in the Blood-Vessels.—Experiments by M. Tillaux on this subject are notieed in *Le Mouvement Medicale*, Feb. 1st, 1873. Injection of air into the proximal or distal end of the femoral artery of dogs produced complete paralysis of the hind legs. *Post mortem* examination showed hæmorrhage and softening limited to a single point in the spinal cord. To explain the production of this effect by injection of air into the distal end of the artery, he supposes that the air cannot pass through the capillaries into the veins, but finds its way by anastomosing arteries into the aorta, and thence into the arteries supplying the cord. After injection of air into the carotids, patches of red softening are found in the different parts of the encephalon, but especially in the medulla oblongata and pons Varolii. The death of the animal is often very rapid.—*Medical Record.*

MEDICAL WARDS.

The following cases were admitted from July 23 to July 29, 1873.

PETERSHAM.

2—Chronic Rheumatic Arthritis
9—Renal Dropsy
13—Hysteria
17—Chorea
23—Emaciation—Malignant of Colon (?)

PHILIP.

1—Chronic Renal Disease
14—Diabetes
23—Carcinoma (?)—Jaundice
26—Chronic Disease of Kidney and Vessels—Mitral Bruit—Chronic Bronchitis
30—Bronchitis—Emphysema—Old Ague
40—Disease of Kidney—Effusion into Pleura and Peritoneum, Large White
48—Hysteric Epilepsy
50—Convalescent for Pleuro-Pneumonia, R. Base

MARY.

9—Morbus Cordis
15—Albuminuria
30—Subperitoneal Fibroid in Ant. Wall of Uterus (?)
44—Ovarian Cyst

STEPHEN

1—Phthisis
6—Right Hemiplegia
15—Immersion
23—Morbus Cordis
26—Morbus Cordis (Mitral)
27—Immersion
37—Tubercular Meningitis
45—Porrigo

ADDISON.

32—Perforation—Death

BRIGHT (Clinical).

29—Albuminuria—Lardaceous Disease following Suppuration
35—Diabetes
36—Enlarged Liver and Spleen, &c.

ASTLEY COOPER (Clinical).

3—Diabetes
6—Enlarged glands in Scarpa's triangle—Œdema
12—Acute Rheumatism and Mitral disease
13—Diabetes and Phthisis
15—Bronchitis and anomalous rash—Syphilitic
37—Enlarged Spleen—Lardaceous
39—Right Hemiplegia

SURGICAL WARDS.

The following case may be found interesting as illus-

trating a point which at times gives rise to difficulty in the diagnosis of injuries to joints, and especially when it is a question between dislocation and fracture :—

E. B., æt. 56, a postman, was brought late one night to the surgery, with an injury to the left shoulder; he had already seen a medical man who considering the accident to be of a severe nature, at once sent the man to the Hospital.

The history was, that a few hours before, the patient had fallen down some steps, and his whole weight had been received by the top of the shoulder. His condition was as follows :—

The left arm was useless, and projected from the side, and any attempt to bring the elbow to the side gave pain. The rotundity of the shoulder was lost, and a hollow was both seen and felt below the acromion process, while, owing to the patient being a spare man, the head of the humerus could be easily demonstrated lying beneath, and rather outside the coracroid process; in fact, there was an ordinary subcoracoid dislocation of the humerus. The clavicle was uninjured. On grasping the shoulder, and rotating the humerus, very distinct crepitus could be felt deeply in the joint, and this at the first moment suggested fracture somewhere in its neighbourhood. On further investigation it was noticed that the crepitus was of a duller character than that usually accompanying fracture, and that it was prolonged during the whole time of the rotation of the head in a manner totally unlike the sharp short crepitus of a broken bone; it was accompanied with very little pain. One other point against there being fracture lay in the fact that the elbow could not be pressed to the side, which would have been easy had the humerus been fractured in its usual place, viz., the surgical neck.

The diagnosis made was subcoracoid dislocation, with chronic rheumatic arthritis, and reduction with the heel in the axilla being attempted, the head of the bone at once slipped into the glenoid cavity, with a grating noise, audible distinctly to the bystanders. The patient expressed himself instantly relieved; while the mobility of the arm and rotundity of the shoulder were at once restored.

Evidence of chronic rheumatic mischief was found by crepitus in the left hip-joint, but the patient had never suffered from rheumatic pains.

Comparison with the opposite shoulder was useless as an aid to diagnosis, for that, too, was dislocated in the same manner eight years ago. The accident occurred on board ship and nothing was done for weeks, when the captain of another vessel, attempted reduction with his heel in the axilla: this failing, no further attempt was made. After five months, the patient began to use his arm again, and at present can do anything with the fore-arm and hand, but can only raise the arm itself to the level of the shoulder, and then by the elevation of the clavicle and rotation of the scapula. No crepitus could be felt in the false joint that the right arm had formed for itself. The treatment consisted simply in fixing the left arm immovably to the chest.

The following is a report of a case of

UMBILICAL HERNIA—INFLAMMATION OF SAC PERITONITIS.

A. P., æt. 40, was admitted into No. 21, Dorcas, on the 9th of June, 1873.

Family History—Married, one child fifteen years ago. Father died of dropsy; mother was troubled with rheumatism, and died of dropsy. Patient was always healthy up to seven years ago, when she noticed a lump at umbilicus,—she thinks after lifting a heavy weight; had no symptoms at the time, and has done nothing for it. The lump meanwhile has gradually increased and become more painful. Three days ago fell sick, continues to do so, but has not positively vomited.

On Admission—Face very pale, of a peculiar yellowish white, with pigmentary patches. Respiration, panting, 36 to the minute, pulse 104, temp. 104. No dulness in chest, but right apex used less than left. Apex of heart beats between sixth and seventh ribs. Systolic bruit at junction of third costal cartilage with rib, with now and then a short diastolic continuation. Spleen does not appear to be enlarged,—abdominal walls prominent but not distended,—no fluctuation. Umbilical region is occupied by a swelling six inches by four and a-half, the umbilicus being anterior and to the right. Skin over swelling œdematous, and gives evidence of lobulation. The swelling is elastic and not resonant upon percussion. Discharges a thin watery fluid from umbilicus which appears a little ulcerated.

June 10—Less pain than yesterday. Swelling discharging and extremely tender, with hard lobulations that give way under pressure. Pulse 106, temp. 97·4. Tongue dry and brown. Lips bloodless. Urine of a reddish color and thick, could not detect albumen. Pil. opii to be taken every three hours.

June 11—Pulse 90, temp. 97·4. Tongue dry and parched. Less pain,—thick discharge from swelling. To have 4 oz. of brandy.

June 12—Pulse 90, temp. 98·2. Tongue dry, face less livid and breathing quieter. Less pain in swelling. To have milk diet. Linseed poultice.

June 13—Pulse 90, temp. 98. Pricking pain in swelling. Has passed motions regularly since admission to Hospital.

June 17—Pulse 94, temp. 98. Feels occasionally painful. Swelling now discharging from another place.

The swelling continued to discharge, but was much less painful, and patient had much better general health.

July 6—Was discharged improved.

The following is a report of a case of

SEBACIOUS CYST OVER THYROID CARTILAGE.

A. F., æt. 26, was admitted into No. 16, Dorcas, on the 4th of June, 1873.

Family History—Patient is married, and has usually had pretty good health. About three years ago had a very severe attack of bronchitis, has also had quinsey twice. Six months ago was as well as usual, but a month after had a choking sensation in throat; it was then noticed that there was a small lump about the size of a pea.

On Admission—It was found patient had a swelling in neck, just above cricoid cartilage, hard and tense but moveable; rising in the act of deglutition, and seeming to be connected with the deeper structures. It continued to become more painful and to increase in size. On the 24th, Mr. Durham operated. Patient was placed under chloroform, a vertical incision was made over tumour for about two inches, which was then carefully dissected out. Toward the termination of the operation, the cyst burst, a greenish, oily fluid escaping. The cyst wall was then removed, which was found to be very thin, and had commenced to degenerate. Incision was closed with a continuous suture.

Mr. Durham had localised the tumour over the crico-thyroid membrane.

June 25—Pulse 100, temp. 101·6. Throat painful.

June 27—Pulse 96, temp. 100·2. Pain in throat intermittent. Strapping was removed and a few drops of pus escaped. To have Pil. opii, 2 gr.

June 27—Pulse 88, temp. 98·4. Throat still painful.

June 28—Pulse 84, temp. 98·8. Cannot open mouth freely, as there is a feeling of contraction.

June 30—Much better.

July 1—No pain in throat. No discharge.

July 6—Was discharged, well.

The following cases were admitted from July 24 to July 30, 1873.

ACCIDENT.

1—Fractured Tibia and Fibula
11—Injury to Head—Death
11—Fractured Tibia
12—Injury to Head and Back
16—Fractured Femur
17—Fall from Cab—Paralysis
20—Injury to Chin and Eye
20½ Fall of 40 feet—Injury to Abdomen and Head
21—Injuries from being Run Over
24—Dislocation of Left Shoulder
26—Fall and Injury to Arm—Excision of Elbow-joint
30—Injury to Foot—Tram-car Accident

CORNELIUS.

1—Injury to Foot—Slight Wound
4—Cut-throat
16—Concussion

LYDIA

1—Abscess on Hip
8—Scald—Death
8½ Scald
9—Discharge from Ear
13—Fistula

MARTHA.

No new Cases.

JOB.

2—Circumcision
3—Injury to Head from Fall
8—Fractured Jaw
21—Stricture

LAZARUS.

No new Cases.

NAAMAN.

1—Hernia
4—Bad Leg
5—Hip-joint Disease

LUKE.

3—Bursa under Gastrocnemius—Bronchocele

DORCAS.

2—Diseased Knee
5—Tumour in Breast
7—Diseased Knee
8—Disease of Throat
10—Disease of Throat
17—Diseased Knee

CHARITY.

There were several new Cases, but we were unable to obtain the Diagnosis of any of them.

BARNABAS (Ophthalmic.)

4—Divergent Squint
11—Cataract
21—Glaucoma, both Eyes

RUTH (Ophthalmic)

39—Closed Pupils—Chronic Iritis
44—Cataract

GENERAL NEWS

UNIVERSITY OF LONDON.

First M.B. Pass Examination, 1873.

Monday, July 28—Morning, 10 to 1.

Anatomy.

Examiners—G. W. Callender, Esq., F.R.S., and Professor G. Viner Ellis, F.R.C.S.

1. Give the relative position, from before back, of the parts passing through the upper aperture of the Thorax. Indicate also the size of each part.

2. Describe the articulations of the posterior end of the Second Rib with the Spinal Column,—of the anterior end with the Sternum.—and of the Osseous part of the rib with the Cartilage.

3. Specify precisely the place of attachment of each muscle taking origin from the *Os Innominatum*, and the nerve or nerves supplying each muscle.

4. Supposing the Abdomen open but the contents undisturbed, state what pieces of the Peritoneum would have to be cut through, and what removed, in laying bare the Pancreas. What dissection should be made to show the ending of the Pancreatic Duct, without removing the viscus from the Abdomen? And, lastly, describe fully the connections of the Pancreas.

5. Mention, firstly, the muscles receiving branches from the Facial (7th cranial) Nerve alone? secondly, the muscles having branches from the Facial and some other nerve; and thirdly, the name and source of each nerve which assists the facial in furnishing offsets to the muscles.

Monday, July 28.—Afternoon 3 to 6.

Anatomy.

Examiners—G. W. Callender, Esq., F.R.S., and Professor G. Viner Ellis, F.R.C.S.

1. Give the position, and the connexions with parts around, of the Urinary Bladder in the male pelvis. Describe also its ligaments, and the arteries, and the relations to it of arteries, veins, and excretory tubes.

2. Mention the dissection you would make, and the structures exposed in the way, to show the three *Peronei* muscles. Give the precise attachment of these muscles to Bone and other structures. Describe their shape, and the arrangement of their tendons. What arteries, veins, and nerves are supplied to, or are in relation with them?

3. Describe the dissection, and the course and relations, of the External Maxillary (facial) artery and vein below the Inferior Maxilla. What branches arise from that portion of the artery, and to what parts are they distributed?

4. Of what structures is the Pinna of the Ear composed, and what are its attachments to the head? Describe the various marks which distinguish its surfaces, and give the origin and insertion of its muscles.

What arteries and nerves are supplied to it? From what main vessels are the first-named derived? And from what part of the cerebo-spinal axis do the nerves have their superficial origin?

5. Describe the dissection, in successive layers, of the lower two inches of the Fore-arm, and of the upper two inches of the palm of the Hand, with the ball of the Thumb. (*Thenar*).

(The dissection is to be carried onward to the underlying bones).

[The rest of the M.B. Exam. Papers will be published in our next issue.]

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions formed part of the examination in the principle and practice of Medicine, on Saturday, July 19th, 1873:—

1. A person suddenly becomes more or less unconscious, and falls down, and on recovery is found to have lost the use of the left arm and leg. What are the conditions on which the seizure may depend, and the other symptoms which the patient may present?

2. What are the different kinds of worms which infest the human body? Where are they chiefly found? And how do they gain access to the system? Mention the chief remedies which may be employed for their expulsion or destruction, and the doses and modes in which they should be given.

3. Mention the chief preparation of Mercury and Opium contained in the British Pharmacopeia; state the uses to which they are applied, and the doses in which they should be given.

The following *viva voce* questions set to a candidate at the late pass examination for the membership, may prove interesting to intending candidates:—

1st, ten minutes. (On the living model).

1. Place your finger on the inner malliolus.
2. Now on the tubercle of the scaphoid.
3. What is attached to the tubercle of the scaphoid?
4. How would you divide the tendon of the tibialis posticus? (Knife given to candidate,—tendon put on stretch by examiner. Candidate expected to place his khife on the side of the tendon at which he would insert it, and in the position in which he would insert it.)
5. In what cases would you have to divide the tendon of the Tibialis Posticus?
6. Is there any other tendon which you might have to divide in Talipes Equino Varus? (Knife given to candidate to show how he would divide Tendo Achilles).
7. How would you fix the foot immediately after the operation?
8. How many ball and socket joints are there on the inside of the foot.
9. What incision would you make in order to ligature the Femoral artery?
10. Why would you make your incision in that position?
11. Would you be able to reach the artery without cutting through either of the superficial muscles?
12. On what muscle would you find the artery lying?

2nd. ten minutes. (Cases for diagnosis).

1. Case of Syphilitic disease of testicle with Hydrocele.
2. Case of enlargement of shaft of Tibia from ostitis,
3. Case of oblique inguinal hernia.

3rd. ten minutes. (Pathology).

1. Suppose a man received a blow on the head which stunned him a little, but from which he apparently recovered and seemed quite well, but two or three days afterwards symptoms of brain mischief came on; what would you expect to find on opening the brain.
2. Would you have any symptom which would enable you to localize the seat of abscess.
3. What treatment would you pursue in such a case?
4. Suppose in the above case the brain symptoms were developed in less than twenty-four hours after the injury; what would you expect to find?
5. Give me the conditions which may produce compression of the brain.
6. What is that preparation? (Melanotic Cancer).
7. Under what head would you class it?
8. In what does it differ from other tumours?

4th, ten minutes. (Pathology).

1. What is Bronchocele?
2. What kinds of Bronchocele are there?
3. What is the cause of the protrusion of the eyeball in Exophthalmic goitre?
4. Do both sides of the Thyroid gland usually enlarge alike?
5. In a case in which only one side was enlarged, might the tumour receive impulses from the carotid artery.
6. How then should know it from aneurism of the carotid artery.
7. What treatment would you pursue?
8. (Specimen of section of tibia in which the shaft was enlarged and the medullary canal filled up from chronic ostitis).
9. (Specimen of rectum with fistula). What is Fistula?
10. What varieties of Fistula are there?
11. What are the causes of Fistula?
12. Where does it usually occur?

There are many questions incidental to answers which cannot well be described here, but the above are sufficient so give some idea of the examination.

The following Guy's men passed their final examinaion, and were duly admitted as members of the College:—

On Friday, the 25th inst.

Mr. J. Hewitt Paley.
Mr. R. Morton. (In Medicine only).

On Saturday, the 26th inst.

Mr. T. Cattell-Jones,
Mr. J. P. Bevan.

APOTHECARIES' HALL.

At a Court of Examiners held on Thursday last, July 31st, 1873, Mr. Albert Carter of Guy's Hospital, having passed the necessary examination, was admitted a licentiate of the society.

At the same Court, Mr. Edgar Duke passed his Primary Professional examination.

The following queations formed part of the pass examination on Wednesday and Thursday, the 16th and 17th July, 1873 :—

Practice of Medicine.

1. What are the causes, symptoms, and treatment of Renal calculus ?

2. Give a short account of Hectic fever.

3. Mention the various diseases in which Diarrhœa forms a prominent symptom, and give the treatment in each case.

4. Give the symptoms, progress, and treatment of malignant disease of the Pylorus.

Pathology.

1. What are the changes observed in the stomach after death, from cancer of Pylorus ?

Therapeutics.

1. Mention the cases in which ice may be used Therapeutically.

Diseases of Women and Children.

1. What are the causes, progress, and treatment of Scrofulous disease of the Mesenteric glands in children ?

Midwifery.

1. Give the diagnosis, progress, and treatment of breech presentation.

2. What are the symptoms of Placenta Prævia, and what treatment is required ?

Forensic Medicine.

1. What is the earliest age at which the fœtus is visible, and contrast the developmental process at the fifth, sixth, and seventh, and eighth months ?

2. Contrast a case of poisoning by Arsenic, with that of Corrosive Sublimate. Give the symptoms and treatment of each case.

3. How would you detect the following in solution : Oxalic Acid, Mecenic Acid, Antimony and Zinc ?

The following questions formed part of the Primary examination on the 23rd and 24th of July, 1873.

Chemistry.

1. Describe the several modes of obtaining oxygen; give its properties and explain the nature of combustion.

2. Mention the various salts and impurities contained in river and spring water. Describe the means of diluting them.

3. Enumerate the properties of Manganese. Describe the preparation and properties of Potassii Permanganate.

4. Give the several tests for Ferrous and Ferric salts.

Materia Medica.

1. Describe the distinctive characters of the officinal varieties of Cinchona, and mention the relative quantity of Quinine contained in them

2. How is Tannic acid prepared, and how may it be distinguished from Gallic acid ?

3. Describe the order Cucurbituacæ, and mention the drugs obtained from it.

THE NOTICE BOARD.

APPOINTMENTS.

SEPTEMBER, 1873.

Resident Obstetric Assistants—

Power, September ; M. S. Duke, October ; Ransford, November

Surgeons' Dressers—

Bingham	Mr. Birkett
Duran	Mr. Forster
Forty and Barnard	Mr. Bryant
Simmonds	Mr. Durham

Clinical Assistants—

Chicken, Hetley, H. Williams, Manser, Paul, McKay

Clinical Ward Clerks—

Sangster, Gibb, Trevor, Morley, Harsant, Bond, Morris, Morton, Richardson, Dring, Barlow, Clarke, Crowther, Evans, Hind

Dressers in the Eye Wards—

Bevan, Day, Medcalf

Assistant-Physicians' Clerks—

Reynolds, Hooper	Dr. Fagge
H. Duke, Romano	,,
Thomas, Hobson	Dr. Pye-Smith
Snook	Dr. Taylor

P.M. Clerks—

Cotton, F. G. Elliot, Sykes, Blackmore

Aural Surgeons' Dressers—

Hooper, Saberton

Dental Surgeons' Dressers—

Reynolds, Hale

Obstetric Out-Patient Clerks—

Rigby, Reed, Smith, Lees, Wilding, Fry

Assistant-Surgeons' Dressers—

Ferrier, Oxendon, Nunez, Richards, J. Rees, Whitworth, Travers, Winckworth, B. Jones, James, Giblin, Burton, H, C. Carey, A. Vinter, Brummett, Utting

Dressers in Surgery—

Lamb, A. H. Jones, Coates, Kavannagh, W. M. Jones, Glyde, Baker, A. D. W. Newton, Marr, Amphlett, Dennis, Piggot, Lancaster, Bartlett, Johnson, Kellard, C. Rees, T. Brown, W. Mount, Shadwell

Surgical Ward Clerks—

Hunt, Smith, Sidney Davis, G. Strover, Blackmore, Muddle, Green, Finch, Coates, Duke, Oram, Stevenson, Turner, Carrington

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RECEIVED.—The London Medical Record,—The Medical Press and Circular,—The Country.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

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"Guy's Hospital Gazette,"

Guy's Hospital, S.E.

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GUY'S HOSPITAL LIBRARY

Guy's Hospital Gazette.

VOL. II.—NO. 15. SATURDAY, AUGUST 16, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

The British Medical Association has just held its forty-first annual meeting, and the whole of the proceedings may be said to have been conducted with the greatest *éclat*. On the first day the members were present at a special service in St. Paul's Cathedral, after which they sat down to real work. During the meeting matters of the most vital importance to the future of the Medical profession—when those of us who are now Students have taken our places in the ranks—have been most exhaustively considered; such, for instance, as that on the paper read by Mr. G. W. Hastings on "Public Medicine," in which he endeavoured to show that by watchfulness and care disease, even when epidemic in its nature, could be localised and confined to within the radius from which it sprang. In discussing a paper on "State Medicine," Dr. Aveling expressed a hope that the qualifications of midwives of this country would be taken into consideration. There were 10,000 practising, and doing a great deal of harm. The time has arrived when it was found necessary that these women should be instructed, registered, and advised. The meeting closed with a series of interesting excursions—one to Windsor Castle, another to Clifden, and a third to Dr. Langdon Down's private asylum at Hampton Wick, finishing with a banquet, at which Mr. Cock assured the members of the Association that what had been done had been most cheerfully. "In spite of his grey hairs, he hoped to live long enough to meet them once more in London." So does every Guy's man, old and young.

ANOMALIES IN NATURE.

A FARCICAL FABLE, DESCRIBING THE EMBARASSMENTS OF A PRIMEVAL ZOOLOGIST.

A long while ago, long before the illustrious Linnæus flourished on the face of the earth; when the science of Natural History was in an embryonic condition, there went forth a philosopher to meditate in the fields. And as he cast his eye around him and beheld the green trees and flowers; the beasts that roamed in the meadows; the birds that sailed along the air; the fishes that inhabited the waters; the reptiles and creeping things of the earth; and above all, his own human form divine, as it was reflected in the clear water of the river, along whose banks he walked, pensively meditating, he said unto himself, "This is truly a beautiful creation and a wise workman who designed it; who adapted the parts of each little creature with such marvellous accuracy to its own peculiar mode of existence; who observed a completeness and perfection in the smallest microscopic organisms, as well as in the most gigantic beasts of the antediluvian age. What stupendous wisdom and intelligence, what matchless workmanship may be traced in the subtleties of this sublime creation!" Inspired with these prodigious feelings of admiration, this philosopher first conceived the grand idea of tractng the great plan of the creation, and looking down again upon the still waters, he gazed admiringly at his reflected image, and saw that it was good. His first step accordingly in classification was to mark out and establish the *genus homo*.

Now the philosoper who had hitherto lived like a hermit, and isolated himself from man and beast, forthwith began making excursions abroad, to advance the system of classification which he had so laudably conceived. On his first scientific exploration, he fell in with what he rejoiced to think, was a singular specimen of the *genus homo*, sitting on the branch of a tree. "What was he doing up there, on that lofty arboreal perch? was he too a philosopher? had he peradventure repaired thither for the purpose of making astronomical observations? If so I will introduce myself, said the philosopher, who began—'Most noble'——a rustle among the branches, and the monkey had vanished, was *non est*, became a *missing* link in fact, leaving the poor little philosopher nearly petrified with dismay; but a tail was discovered in the flight, and he was sorely troubled as he murmured to himself, "a caudal appendage too, strange anomaly!"

Years had elapsed, and the quadrumanous difficulty had been surmounted, and the philosopher was so far advanced in classification as to know some difference between fishes and mammals. But what was his astonishment when he

made observations on the cetacea, to find that they suckled their young. "Reprobates," cried he in despair, "they live in the water, and are in all respects as fishes, and what business have they to go and suckle their young; one would fancy all Nature is conspiring against me, to thwart me in my classification, as though it were presumption in a poor mortal like me to trace her secret workings and expose her plan."

No sooner had he finished speaking, than a beautiful large seal crept up close by and looked expressively into his face. With fear and surprise he slowly and involuntarily moved backward. "Another, and another to torture me, why bless me, if that thing there (pointing to the seal), isn't a fish in the act of being metamorphosed into a water-spaniel dog—look at the hair on its body, at its caput and canines, and then at the fins and other fishy parts—alas ! for classification." The modern zoologist is not so easily discomfited by such apparent discrepancies. He glides over the difficulty by accepting the liability of types and classes to extensive and almost illimitable *modifications*, and rather than appear surprised by an extraordinary deviation from rule, he will coolly say, it is a modification. Present to him a negro with the head of afish, and he will probably calmly assure you it is a slight modification. Years passed again, and our indefatigable classifier had some respite from the apparitions of anomalies, but more troubles were yet in store for him. One day having killed what he thought was a nocturnal bird, he hastened to pick it up for scientific observation, when the animal which happened to be a large sized bat, revenged itself by fastening its fangs on his finger in a death clasp, which made the poor philosopher roar. As soon as he extricated his fingers, he made a mental resolve to set apart a distinct group of aves for those of that type that were armed with teeth. "Hang it all," he exclaimed, as he examined the animal closer, "another anomaly, here's a young rascal of a fox taking lessons in flying with a rather funny pair of wings." On another occasion, as he sat meditating on the bank of a lake, he espied a duck-bill (*ornithorynchus paradoxus*) at the water's edge. "Well," he exclaimed, "there's a fine young gent for a small tea-party. He has fine enough proportions for an opossum or something of that style, but what an absurd idea to be sure, to stick on that foreign appendage, the duck-bill, to say nothing of the endless confusion and diffusion the little beast's existence will cause between the *aves* and *mammals* in my classification."

To a penguin which burst upon his vision one morning in his rambles, he addressed himself thus, "Well my fine fellow, you walk erect enough, and that's a strange way you have of carrying about your eggs. I see what you want, you too have thought of rebelling against my classification, and are not content with the lot there alloted you, and you would like to become a seal, or some such strange beast. Well, you have got so far as the pectorals anyhow in your desired metamorphosis, and before it is too late, allow me to advise you to stick where you are, you have done some mischief as it is to the classification."

To the elephant he said, "My Lord, your long and flexible nasal organ would alone entitle you to a distinct type altogether, as it is difficult to identify a proboscis like yours with a nose like mine."

On finding a Phyllium Succifolium (or the walking leaf), the worthy philosopher thought that the Animal and Vegetable Kingdoms were beginning to be amalgamated, and he soon after died, sorely perplexed by the anomalies in the Animal Kingdom.—*J.A.A., in the Aberdeen Medical Student.*

LONDON MEDICAL CHARITIES.

"The following remarks, from an able article in the *Pall Mall Gazette* are worthy of thoughtful consideration :—

'Let us glance at the amount of stated incomes of the existing Medical charities of the metropolis. We will specify separately the incomes of all those which are in receipt of more than £5,000 a year, and the aggregate incomes of the remainder we will state in one lump sum. The income of some of these charities, viz., that of Guy's, St. Bartholomew's, and St. Thomas's Hospital, is derived almost entirely from real aud funded property—the produce of endowments ; and many of the others possess invested funds, derived in most instances from annual subscriptions and donations in excess of the annual expenditure. The incomes stated in the following list are given on the authority of "Low's Handbook to the Charities of London," published this year :

Name of Hospital.	Income.
Guy's	£45,000
St. Bartholomew's	40,000
St. Thomas's	39,000
The London	32,689
St. George's	22,788
Hospital for Diseases of the Chest, Brompton	21,860
Middlesex, say	18,000
Charing Cross	12,711
University College	12,284
Hospital for Incurables	11,857
St. Mary's	11,600
Children's Hospital, Great Ormond Street	10,800
King's College	10,708
Hospital for Diseases of the Chest, Victoria Park	9,317
Cancer Hospital	9,086
Westminster	8,588
Metropolitan Convalescent Institution	8,427
German Hospital	7,195
Seaman's Hospital	7,080
Royal Free	7,077
Lock	6,300
Hospital for Diseases of Women	6,096
National Hospital for Consumpton, Ventnor	5,700
Aggregate Income of the above 23 Hospitals	£364,163
Aggregate Income of smaller Hospitals and Dispensaries, 92 in Number	123,783
	£487,946
Aggregate Income of Asylums for Lunatics and Idiots, 5 in Number	119,195
	£607,141

'This enormous sum does not include the income of the Hospital for the Paralysed and Epileptic, the Metropolitan Free Hospital, the Fever Hospital, the York Road Lying-in Hospital, the Hospital for Diseases of the Skin (Stamford Street), and the incomes of several dispensaries. We shall, therefore, be not far wrong in stating the present and total income of the Metropolitan Medical Charities of London to be £650,000. We presume some small proportion of this amount has been contributed during the last year by means of the incipient efforts which have been made to establish a "Hospital Sunday;" but probably the results of those efforts have been so comparatively insignificant that we shall be justified in estimating the proceeds of "Hospital Sunday," as now inaugurated under the especial and powerful patronage of the Lord Mayor and the Prince and Princess of Wales, as at least £25,000 over and above what was raised in a similar way last year."—*Medical Press and Circular.*

MEDICAL WARDS.

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We are indebted to Mr. C. E. Winckworth for the following case of

AORTIC REGURGITANT DISEASE—CALCIFIED ANEURISM OF AORTA—EXTREME DILATATION AND HYPERTROPHY OF HEART, &c.

A. W., æt. 26, was admitted in No. 13, Philip Ward, on the 9th April, 1873.

Family History—Father alive and well. Mother died of brain fever. Single man, a painter. Had rheumatic fever three times before twelve years old. Always more or less ill ever since. Shortness of breath and palpitations ensued after any exertion. Whilst at work, June 20th, 1872, blood suddenly poured from his mouth to the amount of nearly three pints. Became unconscious for a short time, and was obliged to keep his bed on account of weakness until December, 1872. Went to work for eight days, but fell ill again, and has remained in bed more or less since then, having dropsy of lower extremities and dyspnœa.

On admission—April 9th, 1873. Decubitus various; most comfortable when resting on left elbow and inclining to left side. Complexion fair, anœmic and slightly jaundiced. Skin warm and moist. Selirotus but slightly jaundiced. Tongue clean and moist, but anœmic and rather flabby. Veins of neck, arms, and hands very prominent. No œdema of legs, and no fluid in abdomen.

Pigeon-chested. Junctions of cartilages of ribs with sternum—knobby and prominent. Last part of sternum and ensiform cartilage drawn in, at an obtuse angle, towards spine. Left side of chest more prominent than right, especially over præcordial region, the right side being hollowed out into an almost cup-shaped depression. Marked vibration over nearly whole of front wall of chest during heart's systole.

Lungs—Resonance pretty good. Breath sounds natural but not very distinct on account of heart's bruits.

Heart—Apex beat seen and felt very plainly at 8th interspace, being from three to four inches below left nipple, and one inch to outer side. Loud systolic bruit at apex audible in axilla, and also at inferior angle of scapula. Loud to and fro bruit audible at base and conveyed down front of sternum; very plainly heard at ensiform cartilage, and loudest at 4th interspace on right side. Audible over nearly front of chest. Bruits very audible in 1st and 2nd interspace on right side, and well marked double systolic and diastolic thrill, also marked pulsation in those spaces.

Liver—Enlarged. Dulness extends in mammary line, about 2½ or 3 in. Eye cannot easily be defined.

Spleen—normal.

Urine—Sp. gr., 1024. Acid. Nearly solid with albumen.

Pulse 100, slightly splashing. Resp. 50 per minute, and labouring. Temp. normal. Ordered tr. digitalis m. x., ether chlor. m. xx., ex duve scoparii, oz. j., every four hours.

April 10—Cupped last evening (oz. vi.) and feels very much relieved this morning. Breathing less hurried, veins not so prominent and heart's action quieter. Bruits very audible.

April 14—Much better, and able to walk about the ward.

April 16—Heart's action not so quiet. Feet and legs becoming œdematous and feel cold. Urine still albuminous, but micturition free. Fluid in abdomen.

April 19—Much better. Œdema of feet and legs nearly gone.

April 21—Got up (contrary to orders), yesterday and went downstairs, in consequence of which he has a troublesome cough. Sputa viscid, with spots of blood. Sibilus and rhoncus at bases of both lungs. Œdema of feet somewhat returned.

April 24—Much better. Cough less troublesome. No blood in sputa.

April 29—Cough and expectoration diminished. Gets up for an hour each day. Feet becoming again œdematous. sleeps tolerably well.

May 8—Cough less troublesome. Ordered Chloral Hydral, 25 gr., Syr. Simonis, 1 oz., Aq. ad., 3 gr. Urine still highly albuminous.

May 19—Complains of much pain on left side of abdomen, which contains a good deal of fluid.

May 26—Feels relieved by a warm bath which produced profuse diaphoresis. Pain in side relieved by Emp. Califuciens.

May 29—Pricking and darting pain over umbilical region, increased by coughing or exertion. Cough very troublesome. Ordered syr. papaver, alb. gr. iij, tr. camph. co. gr. iij.. tr. senegæ gr. iij., aqua oz. iij., every six honrs, sumend.

June 2—Feels weaker. Has been sick for last four mornings.

June 5—Gets up during part of the day. Sickness gone.

June 13—Seems stronger. Sleeps well, and appetite good. Abdomen smaller, but feet still œdematous. Pulse 84.

June 23—Abdomen and feet diminished in size. Abdomen measures (over shirt and plaister) 48½ in. round just above umbilicus.

June 27—Ordered pil. calomel diuretica yesterday. Much better this morning.

July 2—Prepuce and scrotum exceedingly œdematous, also painful. Ordered mist. copaib. by h. p.

July 3—Prepuce and scrotum tapped. Feels easier and passes more water.

July 13—Passes a motion on attempting to micturate. Ordered mist. hæmatosi. oz. j, statim sumend.

July 17—Scrotum and prepuce much reduced in size. Very sick before dinner to-day, but did not bring up any blood.

July 19—Worse; wanders in his answers, and says he is going home to-night.

July 20—Died.

Autopsy by Dr. Fagge, July 21—

Heart—Enlarged, weighing 48 ozs. Left ventricle (when cut open) measured about 9 in. across, and a healthy heart placed in its cavity; did not nearly fill it. The posterior wall had especially yielded. Aortic valves are the subject of old disease; edges rounded, very thick and irregular; allowed pretty free regurgitation. Left one had a calcareous ridge extending to its free edge across valves. Along right one, in its sinus of valsulva, was an aneurism about the size of a walnut which protruded towards right auricle, the wall of which was stretched on it. The aneurism had its wall calcified, and a thin and partial layer of a gelatinous material lined it. This aneurism pushed up the corresponding coronary artery. Mitral valve nearly natural in size and shape. Left auricle comparatively normal in size and thickness. Right side of heart considerably hypertrophied and

dilated; valves on this side (including pulmonary) extremely thin and like tissue paper.

Lungs—Fairly healthy.

Kidneys—Weight 13ozs., yellow mottled, and evidently in a state of chronic epithelial Morbus Brightii; tissue hard, capsule smooth.

Spleen—Weight, 10ozs., rather soft.

Liver—Weight, 51oz., apparently nutmegged, but certain parts were of a dull, red-brown colour. On using a lens, the markings of the lobules, blood vessels, &c., appeared much smaller than in other positions. No sharp line of of demarcation between the two states. The largest part affected with the less usual change was about centre of left lobe near branches of the blood-vessels.

The followingcases were admitted from July 30 to August 9, 1873.

PETERSHAM.

3—Phthisis
5—Chronic Gastric
12—Bronchitis—Slight Pneumonia, L. Base
19—Enlarged Liver, with Prominence—Hydatid (?)

PHILIP.

25—Catarrh
31—Mitral Regurgitation—Aphasia—Right Hemiplegia
33—Pneumonia—Delirium—Death
33—Sore Throat—Cold
35—Dyspepsia—Palpitation of Heart
36—Albuminuria
47—Incipient Phthisis
48—Phthisis—Death
41—Syphilis—Enlarged Liver and Spleen—Lardaceous
50—Paraplegia

MARY.

5—Incipient Phthisis—Right Apex
6—Chorea
16—Phthisis—Right Apex Anteriorly
20—Abortion (Threatening)
23—Acute Rheumatism—Pericarditis—Systolic Apex
45—Uterine Fibro-Cystic ?
46—Fibroid of Uterus—Retroflexion

STEPHEN

6—Rheumatic Fever
13—Phthisis
15—Hemiplegia, after Sunstroke
17—Epilepsy
24—Paralysis
25—Delirium Tremens
26—Bright's Disease
27—Morbus Cordis—Aortic Mitral Regurgitant
29—Phthisis—Death
32—Phthisis
33—Aneurism ?
34—Dropsy—Albuminuria

ADDISON.

3—Sub-acute Rheumatism
7—Ovarian Cyst
8—Acute Rheumatism
9—Chronic Bronchitis
10—Albuminuria—Chronic
17—Gastric
32—Paraplegia—Cerebral
34—Rheumatic Gout
38—Rheumatic Fever
40—Phthisis

MIRIAM (Clinical).

17—Hydatid of Liver
21—Diarrhœa
22—Rheumatism—Morbus Cordis
26—Hæmaturia

JOHN (Clinical).

4—Acute Rheumatism
11—Leucocythœmia and Morbus Cordis
16—Diarrhœa

SURGICAL WARDS.

The following cases were admitted from July 31 to August 9, 1873.

ACCIDENT.

2—Fractured Fibula
14—Crushed Hand
15—Fractured Femur
17—Fractured Leg
19—Injuries from a Fall over Banister—Death
19—Injuries from a Fall into a Ship's Hold
20—Injury to Abdomen—Kick

CORNELIUS.

1—Contused Foot
11—Injury to Head and Back
12—Wounds of Head
15—Fractured Tibia and Fibula
16—Concussion of Brain—Death
16—Concussion of Spine
17—Injury to Loin (Left Kidney)
19—Fractured Tibia and Fibula

LYDIA

8—Comminuted Fracture of Clavicle
10—Pelvic Cellulitis
16—Hare Lip
20—Ovarian

MARTHA.

3—Abscess in Head
6—Abscess in Rectum
6½—Phymosis
8—Abscess in Arm
9—Wounds in Right Leg
13—Wounds of Right Leg after Erysipelas
15—Compound Fracture of Left Leg
18—Fractured Patella
19—Carcinoma of Left Breast
21—Necrosed Toe
22—Fractured Femur

JOB.

2—Synovitis (Knee)
4—Stricture of Œsophagus
5—Epithelioma of Upper Lip
14—Fistula in Ano

LAZARUS.

5—Stab in Side
7—Enlarged Prostate
8—Stricture of Urethra
11—Synovitis (Knee)
12—Urethral Fistula
16—Stricture of Urethra
20—Abscess on Foot
22—Vesical Calculus

NAAMAN.

8—Stone
12—Stricture
20—Cleft Palate

LUKE.

No new Cases.

DORCAS.

2—Stone—Operation
10—Hare Lip
12—Inguinal Hernia
13—Growth on Tongue
15—Fracture of both Femurs
19—Scalp Wound and Fractured Ribs

CHARITY.

15—Specific Ulcers on Leg
16—Specific Ulcers on Leg
19—Ulcers on Leg
22—Necrosis of Jaw, Syph.

BARNABAS (Ophthalmic.)

1—Granular Lids—Pannus
7—Divergent Strabismus
11—Extreme Atrophy of Choroid
19—Corneal Opacity
20—Cataract
21—Amaurosis

RUTH (Ophthalmic)

28—Strabismus
30—Ruptured Eyeball—Excision
35—Ulcer, left
36—Granulations, with Pannus
37—Opaque Cornea
38—Cataract

THE OPERATING THEATRE.

—o—

Tuesday, August 5, 1873.

Ununited Fracture.

By Mr. Bryant.

Chloroform having been administered, Mr. Bryant made a slightly oblique incision from below, anteriorly backwards and upwards for about three inches and a half. The muscles were cut through, and the lower end of the bone turned outwards. Both ends were found to be rounded off smooth. The periosteum was separated, and the ends sawn off with a hand-saw. The ends of the bone were next drilled with a hand-drill, and a wire being passed through them they were fixed together. But this did not keep them in position, and a fresh section made of the lowvr piece. Parts were kept in position by a long side-splint, and weights attached to the foot.

MEDALLISTS AND PRIZEMEN 1872-73.

Examination of Students in Medicine and its allied Sciences.

July, 1873.

The Treasurer's Gold Medal for Medicine.

Henry Ashby, Croydon.
F. T. Paul, "Proxime Accessit," Pentney, Norfolk.

The Treasurer's Gold Medal for Surgery.

F. T. Paul, Pentney, Norfolk.

Third Year's Students.

D. H. Forty, Shillingford, Wallingford, First Prize, £40.
H. Clarke, Anerley, Second Prize, £35.
D. B. Lees, Manchester, Certificate.
S. Bingham, Kirton in Lindsey, Lincolnshire, Certificate.

Second Year's Students.

H. F. Lancaster, Southsea: Hants, First Prize, £35.
W. E. Snook, Colyton, Devonshire, Second Prize, £30.
J. Utting, Dereham, Norfolk, Certificate.
W. Cock, Redruth, Cornwall, Certificate.

First Year's Students.

J. B. Waterhouse, Isle of Wight, First Prize, £30.
W. P. Reynolds, Dulwich, Second Prize, £25.
R. Bevan, Redruth, Cornwall, Third Prize, £10 10s.
T. W. Richards, Cardiff, Certificate.
W. Brbt, Bangalore, India, Certificate.
A. Parker, Certificate.
J. Davis, Carmarthen, Certificate.
A. M. Turner, Hampsted, Gloucester, Certificate.

Entrance Examination in Classics, Mathematics, &c.

A. M. Turner, Hampsted, Gloucester, First Prize, £25.
No Second Prize awarded.
E. A. Richardson, Third Prize, £15.
R. S. Wainwright, Lee, Kent, Certificate.

Treatment of Boils.—M. Nelaton has for more than twenty years prescribed the use of alcohol for the prevention of these smaller abscesses which are so common among young people, and which so seriously impair the beauty of the face. It appears that this treatment is now extending, as some interesting details are to be found in a communication of Simon de Forges, of St. Fourtaine, which appeared in the *Revue de Therapeutique*. In speaking of boils, small outward abscesses, and other inflammation of the epidermis and of the derma, he observes that as soon as the characteristic circular redness appears on any part of the body, whatever may be its size, with a point rising in the middle, making it a greyish white, a thimble-full of camphorated alcohol should be poured into a saucer; the palm of the hand should be wetted with it, and this should be rubbed with gentle friction over the affected place. The fingers should be again steeped, and the friction continued as often as eight or ten times every half minute. The place should be well dried, and before covering it up a little camphorated olive oil should be applied to prevent evaporation of the fluid.—*Practitioner.*

GENERAL NEWS

—o—

UNIVERSITY OF LONDON.

First M.B. Pass Examination, 1873.

Tuesday, July 29.—Morning, 10 to 1.

Physiology.

Examiners;

Dr. Michael Foster, F.R.S., and Dr. William Rutherford, F.R.S.E.

1. Describe the minute structure of a Tooth; and give an account of the development of a deciduous tooth.

2. How and where is Heat produced in the body? Where is it lost? How is the temperature of the body regulated? What is the normal temperature in the Axilla in the adult and in the child? What variations does the temperature undergo, in health, in the course of twenty-four hours?

3. Explain exactly the manner in which a distinct image of an external object is formed on the retina. What changes can be ascertained by direct observation to take place within the eye when we "accommodate" for near and for distant vision? What is the state of vision in Presbyopia, Hypermetropia, and Myopia?

4. What are the nervous arrangements concerned in the production of ordinary Inspiration? How is the nervous apparatus excited to action? State and explain the effect upon the respiratory movements produced by (*a*) division of the spinal cord above the origin of the third cervical nerve; (*b*) division of the spinal cord below the origin of the fourth cervical nerve; and (*c*) division of both pneumo-gastric nerves about the middle of the neck.

Tuesday, July 29—Afternoon, 3 to 6.

Materia Medica and Pharmaceutical Chemistry.

Examiners:

T. L. Brunton. Esq., M.D., D.Sc., and T. R. Fraser, Esq., M.D.

1. Describe the method of preparing Iodide of Potassium. Mention its characters, impurities, and tests. Give an account of its physiological action and therapeutical applications.

2. Give an account of the preparation of Veratria, explaining the various steps of the process; and mention its characters, uses and as a remedy.

3. Describe the preparation, characters, and tests of Strychnia. Mention the symptoms of poisoning by it, its therapeutical uses, officinal preparations, and doses.

4. Describe the method of preparation, characters, and tests of Carbonate of Potash, Bicarbonate of Potash, Carbonate of Soda, Bicarbonate of Soda, Carbonate of Magnesia, Light Carbonate of Magnesia, Sub-Chloride of Mercury, and Per-chloride of Mercury.

5. Mention the officinal substances derived from the *Leguminosae* that possess an astringent action, and the principle or principles in each of them to which their astringency is due. Describe the characters of these principles, and indicate the therapeutical applications of the substances that contain them,

6. Describe the preparation, characters, and tests of Sulphate of Copper. Mention its physiological effects, the diseases in which it is employed, method of application, and doses.

Wednesday, July 30.—Morning 10 to 1.

Organic Chemistry.

Examiners:

H. Debus, Esq., Ph. D., F.R.S., and Professor Odling, M.B., R.F.S.

1. Describe fully the conditions under which Vinous Fermentation takes place; and name other bodies formed besides Alcohol and Carbonic Acid.

2. How would you prepare Acetic Acid, from Ethylic Alcohol? What acids are homologous with Acetic Acid? Why is Acetic Acid considered to be a Monobasic, Succinic Acid a Dibasic, and Citric Acid a Tribasic Acid?

3. How would you prove that Prussic Acid is a compound of Hydrogen and Cyanogen? Explain the decomposition which takes place when Potassic Hydrate and Hydrochloric Acid, respectively, are heated with Prussic Acid.

4. How is Methylamine obtained? In what relation does it stand to Ammonia? Explain how Glycocoll and Sarkasine can be obtained from Acetic Acid.

5. What is the constitution of Stearine, Palmatine and Oleine respectively? Describe experimental evidence in support of your view. How would you prepare pure Glycerine from Olive Oil?

6. Explain the decomposition of Salicine under the influence of hot diluted Sulphuric Acid with and without Potassic Chromate. How would you distinguish Salicine from Narcotine? To what class of bodies does Salicine belong?

7. Describe how you would discover Strychnia in an acid solution?

APOTHECARIES' HALL.

The following Questions formed part of the Primary Professional Examination on the 30th and 31st ult.:—

Chemistry.

1. How are Oxygen, and Hydrogen, and Nitrogen prepared? Give their atomic numbers, and general characteristics.

2. Name the prismatic colours, and state their physical properties.

3. Describe the several modes of preparing Chlorine, and its general properties.

4. Give the tests for soluble Nitrates, Phosphates, and Oxalates.

Materia Medica and Botany.

1. Enumerate the Alkaloids in the B. P.

2. Name their preparations, and doses of preparations.

3. Name the various modes of preparing extracts und tinctures, and give examples of each mode.

4. Describe the order Labiatœ, and the officinal plants of that order.

The following Questions formed the Final Examination on the 30th and 31st ult.:—

Case for Diagnosis.

Chronic Bronchitis.

Therapeutics.

Therapeutic uses of Water.

Practice of Medicine.

1. Sketch a case of Phthisis, giving the physical signs and appropriate treatment.

2. Bronchitis complicated with Emphysema. Describe. Give symptoms and physical signs, and state what can be done to relieve the former.

3. Vesicular forms of Skin Disease. Specify, with treatment, and how would you distinguish between them ?

4. What Pathological conditions would exist in Emphysema ?

Midwifery.

1. Mention causes that might retard the birth of the child—(*a*) As regards the mother ; (*b*) As regards the child:

2. What signs would cause you to fear Abortion, and what would you do to prevent it ?

Medical Jurisprudence.

1. Death from gunshot wound. Suicidal or homicidal. Give reasons for deciding.

2. By what appearances could you decide that a woman had been recently delivered ?

Toxicology.

1. Poisoning by the Mineral Acids. Symptoms, P.M. Appearances, and give antidotes and tests for Sulphuric Acid and Nitric Acid.

2. Poisoning by Arsenious Acid, Perchloride, and Mercury. Give symptoms and tests.

ARTIFICIAL TEETH.—Most of us are accustomed to regard artificial teeth as wholly a thing of the present day, but such is not the case. Of the wisdom of the ancient Egyptians a knowledge of dentistry formed a part, and mummies have been found with wooden and ivory teeth; some of them even fixed, in modern fashion, on gold plates; and with hollow teeth stopped with gold—so true is it that there is nothing new under the sun. The classic writers also speak of artificial teeth as being well known both in ancient Greece and Rome. A century and a half ago, as appears from advertisements in old newspapers, goldsmiths did the work of dentists in making and cleaning artificial teeth. A few months since, while some excavations were being made on the site of the Inquisition, at Murcia, in Spain, the workmen came upon the bones of the victims of that terrible institution in former times ; in one of the jaws was a silver tooth—this fact was observed by a friend of the writer's who happened to be on the spot.—*Cassell's Magazine* for August.

THE *Athenæum* says M. Janssen's method for photographing the apparent contact of Venus with the edge of the Sun is worthy of description. The photographic plate is in the form of a disc, fixed upon a plate which rotates upon an axis parallel to that of the telescope. Before it is placed another disc, forming a screen, in which is a small aperture, in order to limit the photographic action to the edge of the Sun. The plate which carries the sensitive disc has 180 teeth, and is placed in communication with an escapement apparatus actuated by an electric current. At each second the pendulum of a clock interprets the current, and the plate turns one tooth, so that at each second a fresh portion of the photographic plate is exposed. Thus, in as many seconds 180 images of the Sun and the planet can be obtained. When the series relating to the first contact is obtained, the plate is withdrawn and another substituted, which gives the second contact, and so on for the four.

M. Nelaton, the celebrated French surgeon, is reported as being seriously unwell, the latest telegrams giving small hope of his recovery.

RECEIVED.—The London Medical Record,—The Medical Press and Circular,—The Country.

MARRIAGE.

SPURGIN—SALE—On the 6th ult., at Clifton, near Rugby, by the Rev. Thos. Sale, D.D., Vicar of Sheffield and Canon of York, uncle of the bride, assisted by the Rev. S. Newall, vicar of Clifton, Herbert Branwhite Spurgin, Esq., Surgeon 48th Northamptonshire and Rutland Militia, of Northampton, to Jane Anna, younger daughter of the late Edward Sale, Esq.

NOTICE.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

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Guy's Hospital Gazette.

VOL. II.—NO. 17. SATURDAY, SEPTEMBER 13, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

J. BRAXTON HICKS, M.D., F.R.S., ON OBSTETRICS.

(*Concluded from Page* 123.)

I feel that I have already detained you long enough on anatomical points, but must just mention some interesting observations made by Kundrat ("Medizin. Tahr., vol. ii., 1873, and "Med. Times and Gazette," July 26th, 1873) on the mucous membrane of the uterus, before, during, and after menstruation. He describes the ordinary characters of the mucous surface as markedly altered at the monthly period of uterine activity; it is swollen, thick, and loose, and almost affluent, covered with a whitish or bloody mucus freely injected in parts, and in many cases uniformly coloured of a deep red. A microscopical examination reveals increased abundance of the cellular matrix, with great elongation and dilatation of the glands. But what he especially points out is that the condition of the uterus, just described, probably precedes the occurrence of the discharge of the ovum, and, what is perhaps more striking, the menstrual flow by several days. The uterus appears prepared for the reciept of the ovum a certain time before the rupture of the Graefian vesicle. At the menstrual flow, and for a short time after it has ceased, careful examination shows a remarkable change in the microscopical appearances. The cells of the stroma and the vessels, as well as of the epithelium of the glands and surface, are dull in appearance, and filled with fat granules. Kundrat believes that the hæmorrhage does not cause the fatty change, but is caused by it. The anatomical sequence of events is the swelling of the mucosa, fatty change in the cells and vessels, vascular rupture, and hæmorrhage. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation has not yet commenced. If the bleeding does commence it is a sign that the ovum has perished, and that the mucosa is returning to its state of rest. According to this view, a developing ovum or growing embryo belongs, not to a menstrual period just past, but to one just prevented by fecundation. One of the most important questions in obstetric physiology under discussion of late, has been that of the forces employed in labour. Many have raised the question, as, for instance, Haller; and Lithopædus Scriverensis, quoted by Swift in his "Tale of a Tub." Both these place the force at a high point, the latter, indeed, at 400 lbs. The question, however, remained latterly in abeyance, until Dr. Matthews Duncan, and, at the same time and independently, Poppel, of Munich, carried out numerous experiments on the power required to burst the membranes. Dr. Duncan found the toughest membrane of an easy labour to require 29 lbs. for an os uteri of four and a half inches; Poppel 13 lbs. for an os uteri of four inches. Two or three years after these experiments, Professor Haughton calculated that the full force of the uterus itself was about 52 lbs. on an os uteri of four and a half inches, calculating from the area of the uterus, the thickness of its walls, and its curvature. Having obtained this result, he argues that, as nature does not employ more power than is required, the resistance of labour is only somewhat below this. But, in calculating the force of the accessory powers, he came to the conclusion that they were far in excess of that of the uterus, equal, indeed, to 523 lbs. on the area of four inches and a half diameter. That is for the maximum power exerted. It would be out of place to go into the calculations, but I may say that he took two bases of calculation; one, the weight of a mass of given size, capable of being lifted on the centre abdomen, and then calculating for the whole area; and the other, the thickness, area, and curvature of the abdominal muscles. He assumes that the uterus itself does no more than rupture the membranes, and

that the auxiliary forces do the major portion of the remainder. It is evident that, before this important point is thoroughly cleared up, some further experiments must be made; because, I think most persons accustomed to operative midwifery, would find it difficult to acknowledge that a force equal to a quarter of a ton can be, in even the most forcible labour, put on the parturient passage. Either some loss of force takes place, or else Professor Haughton has overstated the strength of the muscular tissue of the uterus and the auxiliary forces. No doubt, where the waters have escaped, the pressure is not so direct nor so great as when plenty of fluid is present, because a considerable amount of force is exerted laterally against the body of the child; and we know that, in some forms of labour, although the uterus is acting most violently, the effect on the fœtal head *quoad* descent is next to nothing, the whole force being exhausted in compressing the child to its great detriment. Again, although in easy labours the contractions of the body and fundus take place universally on the contents, yet those who believe in the perisaltic nature of the contraction, will see that the whole of the uterus is not engaged in the action at any one time, and that something must be taken off its total force when considering its expulsive power. The power of the uterus could be roughly reckoned by finding the tensile resistance of its attachments. Now we know that in some cases the uterus does rend its attachment to the vagina; in ordinary cases, of course, it does not, but we may say roughly that the force of the uterus alone is rather less than the total resi tance of its attachments—*i.e.*, the vagina, the round ligament, and the peritoneal reflexions, the broad ligament the principal. Of course the auxiliary forces, by pressing on the abdominal contents, support the uterus, and prevent it recoiling when the head has escaped, and thereby rending its attachment. But should the auxiliary forces not be capable of acting, as from paralysis, extremely lax abdominal walls, heart or lung mischief, then the force of the uterus, supposing the head has escaped and the uterus meets with an obstacle is thrown on the attachments. Thus a guage may be approximately made as to its force. With regard to the auxiliary forces, put at so high a figure by Professor Haughton, I think that his data as to woman must be reduced. The muscles of women are much less and less powerful than those of men; they are seldom in anything like condition. This last observation, however, does not always hold; because in some women who work as hard as men the labours are very severe, and doubtless in them the total labour power is at the maximum. Supposing Professor Haughton correct in his data, then I think it has yet to be shown experimentally that on the brim or cavity the downward force is so great as he believes, or nearly so. Some observations have been recently made on the contractions of the uterus during pregnancy. Uterine contractions have been generally recognised towards the end of pregnancy, but in a recent paper I have shown that they occur spontaneously throughout pregnancy from at least the third month, and are of great value in the diagnosis of pregnancy. The cause has been attracting some attention abroad. Drs. Aser and Schlesinger, in No. 52 of the "Centralblatt fur des Medicinschen Wissenschaften" (1871), pointed out that in rabbits, when the blood in the brain or the uterus becomes highly charged with carbonic acid, tetanic contractions of the uterus occurred. They experimented in various ways with the same result. Excitation by galvanism of nerves, such as the femoral or radial nerve, produced contractions; but when the spinal column was divided as high up as possible, compatible with respiration, the effect was the same, even though the nerve chosen was above the division. The channel by which the effect was carried would seem to have been the sympathetic branches. At any rate, it would appear that the uterus is excited in many ways. But the suggestion which I threw out in the paper to which I have referred, to the effect that the uterine contractions act as a supplementary heart to relieve the stagnant state of the blood in the uterus, receives some confirmation by the first-named experiments. Dr. Reimann, of Kiew, has also published some observations on the innervation of the uterus and on its contractions. He experimented on bitches and cats, and subjected the uterus, partly or wholly separated from the body, to various kinds of irritation. He found that the uterus, separated from the cerebro-spinal axis, and even removed from the body, responded to the irritation by perisaltic and ryhthmical movements of the whole organ, even when only a portion of it had been subjected to the irritation. He also found that the uterus separated from the body, but maintained at its normal temperature, spontaneously contracted and relaxed for about an hour after the death of the animal. Dr. Reimann concludes, from these experiments, that the contractions of the uterus are under the influence of certain organs (ganglionic) not yet anatomically demonstrated, but which are situated in the uterus itself; and that, like the contractions of the heart, they are independent of the cerebro-spinal system, though physiological and pathological facts prove that the latter has certain influence over them. Regarding the question as to the causes which conduce to set up labour at full term, we are still without definite information. There may be, as indeed I believe there is, more than one factor. But in regard to the direction in which the forces act when once established, there is yet some uncertainty. Does the fœtus, during a pain, enter the area of the brim with its long axis coincident with the axis of the brim? If we refer to the description of authors, we find them varying much. For-

merly, as most of you remember, it was believed that the axis of the fœtus inclined more forward by a few degrees than of the brim. Some later writers, amongst whom I may name Dr. Leishman, have endeavoured to show that they are coincident, or, as it has been called, "synclitic." Again, Schatz and Schultze have been over the subject, and they, in contradistinction, make out that the axis of the fœtus is more perpendicular than that of the brim. This would tend to throw the axis of the head of the fœtus against the pubes. The condition of the abdominal parieties would probably regulate the direction to a great extent. Unquestionably the uterus, having fallen forward owing to the relaxed abdominal parieties, would not, even in the most forcible contraction, straighten or erect itself completely. This I have noticed to be the case even when the uterus has not been fully developed. It has been thought that a lateral inclination of the uterus has been discovered, and Dr. Matthews Duncan, in this country, having followed out this point, has noticed that there is a distinct inclination in the majority of those cases which he has observed. What influence this may have on the direction of the head and upon the relative frequency of one parietal bone overlapping the other, has not yet been determined. More numerous investigations are yet required to establish the value of these observations. The line of the auxillary forces is said by Schultze and Schatz to be directed still more in the line of the perpendicular—that is, the uterine action, so that there is a loss of power by the head being driven against the pubes instead of against the sacrum. But, as Dr. Duncan points out, this condition has been looked upon not as the natural position, but rather as an unnatural one. Although accuracy on these points may be of little importance in a natural case, because any slight error is readily overcome, yet in difficult cases it is not so. The position of the transrupture of the upper vagina and cervix uteri depends on the inclination of the forces. If the fœtal head presses with undue angularity, then it can readily be seen how the wall against which the head projects would be liable to be rent, provided the pressure be great or the tissues weak. It has been the generally received opinion that the vertical axis of the head in its passage through the pelvis does not correspond with the mesial axis of the pelvis, but latterly Dr. Kuncke has, in a work called "The Four Factors of Labour," endeavoured to show that it is synclitic throughout; in other words, that not the angle of the parietal bone, but some point in the antero-posterior diameter is the presenting part. This has been contested by Dr. Matthews Duncan, and he asserts that the head descends to the middle of the cavity as it entered the brim, synclitic, because it meets with no opposition, but that after this point the axes never correspond. He and Shroeder observe that the pressure of the head is mainly against the posterior wall of the cavity, and at the point of contact there is retardation by friction of that side of the head to a greater extent than the anterior, which bears but slightly on the pubic bone. A familiar illustration of this mechanical point may be seen on any railway curve. Of course it will occur to many that the variability of the size and shape, both of the fœtal head and also of the pelvis, must render this point a difficult one to investigate, for it will always be difficult in any given case to say how far the conditions of both were normal. It can only be by observation of a large number of cases that the natural tendency can be made out. The examination of the form of the head after delivery, and particularly after laborious labour, is a point which has perhaps not received the attention which it deserves. Many practical hints might be gathered in this way. Tied as I am to time, I must omit much interesting matter regarding the circumstances which determine the various presentations and positions of the fœtus. Of late years, as most of you are aware, much information has been gained on these points. It was also my intention to have spoken a little in detail of a subject of great interest to all engaged in obstetrics and gynæcology. I refer to what Dr Matthews Duncan has called *the retentive power of the abdomen*. But I must hasten to point out that Schultz and Duncan have taken up a very interesting but surprisingly neglected subject, namely, the mode by which the placenta is naturally expelled. Baudelocque and Schultze agree in saying that blood is effused between the placenta and the uterus, and thus having been dislodged nearly to the os uteri, the placenta is expelled by a contraction. Duncan asserts that this mode is not to be considered natural, but that the placenta is in a normal state, rolled together in a long roll, with its animal surface inside; this shape adapts it to pass readily through the os uteri. I believe further observations will confirm Duncan's assertion, so far as those cases where the placenta is attached to the side of the uterus more than the fundus are concerned, but that when it is mainly attached to the fundus, particularly if the funis have been dragged upon, that the description of Schultze is at least one of the modes of delivery. But this latter mode is often attended by considerable hæmorrhage. Every one must admit that any facts which bear upon this stage of labour possess a highly practical interest. In conclusion, let me mention that investigations have been carried out with a view to determine the size of the fœtus, and also the sex of fœtus in utero. Ashfield of Leipsic, has attempted to ascertain the size of the child, in order to calculate the period of gestation and more especially to make out before labour if any disproportion exists between the fœtus and the genita passage. He pays special attention to the size of the head, the hardness of the bones which form it, and the

condition of the suture and fontanelles. The patient being placed on the back, with the thighs flexed, if the long axis of the uterus be from above down, the position of the fundus uteri is marked on the abdomen, and then one arm of Bandelocque's pelvemeter is guided by the finger along the vagina to the occiput of the child. The length from head to breech is thus ascertained, and by doubling this we have the entire length of the child. Ashfield has collected the results of measurements made in two hundred and fifty cases, and gives much interesting information. In one of the tables which he gives, the relation between the length of the child and the two transverse diameters of the head is recorded. So far as these investigations go they are very valuable. The interesting fact, that the sex of the child can in a large proportion of cases be ascertained by auscultation during pregnancy, has also lately been made known. When the fœtal pulsations number 144 per minute, the child is probably a female; when they are 124 per minute, probably a male. It is said that a little variation from 124 upwards, and from 144 downward, will not alter the dianogsis, provided auscultation be practised towards the end of pregnancy. Steinbach was correct in forty-five out of fifty-seven cases which he examined, while Frankenhauser was right in all the fifty cases which he examined with a view to determine the sex of the child.

MEDICAL WARDS.

The following cases were admitted from Aug. 24 to Sept. 6, 1873.

PETERSHAM.

No new Cases.

PHILIP.

1—Apoplectiform Attack
3—Bright's Disease
4—Laryngitis
8—Facial Paralysis
14—Intermittent Fever
16—Phthisis—Dropsy
20—Obstruction of Inferior Vena Cava
23—Chronic Rheumatism
25—Right Hemiplegia—Dead
26—Phthisis—Dead
26—Epilepsy
27—Syphilitic Rheumatism
29—Phthisis
33—Morbus Cordis (Aortic)—Pneumonia—Dead
33—Morbus Cordis (Mitral)
39—Subacute Rheumatism (Convalescent)
41—Partial Paraplegia
43—Acute Rheumatism
49—Emphysema

STEPHEN

1—Incipient Phthisis
4—Rheumatic Fever
5—Hæmatemesis—Ulcer
9—Hæmetemesis
7—Dyspepsia
11—Phthisis
15—Right Hemiplegia wieh Aphasia
17—Diabetes Mellitis
18—Asthma and Bronchitis
21—Whitlow on Thumb
23—Chronic Rheumatism
25—Subacute Rheumatism
26—Acute Pneumonia—Death
27—Aortic and Mitral Regurgitant
29—Ascites—Cirrhosis
33—Subacute Rheumatism
34—Diastolic Aortic, Musical Bruit—Chronic Alcoholism
38—Tumonr in Epigastric Region (?)
40—Phthisis
42—Typhoid Fever
47—Chronic Bronchitis, To and Fro Aortic—Albuminuria

MARY.

14—Phthisis—Albuminuria
21—Abdominal Tumour—Carcinoma of Omentum—Ascites
25—Pelvic Peritonitis—Fixity of Uterus
34—Rupt. Perinæum
35—Ovarian Tumour
38—Induction and Premature Labour
41—Hæmorrahge after Abortion—Continued Retroversion
45—Ovarian Disease

ADDISON:

1—Dyspepsia and Constipation
2—Colic and Constipation
3—Eczema
9—Morbus Brightii
15—Paraplegia following Confinement
26—Cardiac—Albuminuria
27—Hemiplegia—Paralysis and Anæsthesia, L. Side—Basal Systolic Rough Sound
28—Erysipelas, Convalescent
29—Erysipelas
38—Menorrahgia Hysteria

JOHN (Clinical).

1—Pleuritic Effusion in Left Chest
7—Left Pleuritic—Albuminuria
16—Pericarditis, and Right Pleurisy after Rheumatism

MIRIAM (Clinical).

24—Malignant Stricture of Rectum, and Stoppage of Colon

SURGICAL WARDS.

The following are a few notes of

CASE OF UNUNITED FRACTURE OF FEMUR—OPERATION.

P. S., æt. 23, was admitted into No. 9, Job Ward, on May 2, 1873.

Patient is a sailor, with good family and personal history. Seven months ago he was on a voyage to India, and falling from aloft broke his thigh. The captain applied long splint, and on arrival in Rangoon, 21 days afterwards, sent him into hospital. Here he remained two months, and was then sent to Calcutta, where weights were applied for extension. After a stay of some little time he was invalided, and arrived at Guy's after a very adventurous voyage.

On admission—The right lower extremity is found to be 2½ inches shorter than left. The femur is very prominent on its outer side, and on examining the bone much thickening can be felt. The femur is curved outwards and forwards, the foot everted outwards. The two fragments can be felt, the upper projecting forwards and ontwards, the lower backwards and inwards. They move independently of each other, but appear to have a somewhat firm connecting medium.

May 5—Weight applied to right lower extremity.

May 30—Bavarian splint applied.

June 12—The thickening of femur has much diminished.

June 21—Bandages have loosened.

June 30—Gutta percha splint applied.

July 24—Splint keeps thigh in a fixed condition.

June 28—Splint removed; there is a good deal of movement between the ends of bones.

Aug. 5—Operation—Mr. Bryant made a slightly oblique incision from below, and anteriorly backwards and upwards for about 3½ inches. The muscles were cut through, and the lower end of the bone turned outwards. Both ends are found to be rounded off and smooth. The periostenm was separated by a raspatory, and the ends sawn off by a small handsaw. The ends of the bones were next drilled by a hand-drill, and a wire being passed through them they were wired together, but this did not keep them in position, so a fresh section was made of the lower piece taking about two lines in thickness. The ends of the bone, when removed, were, as said, rounded off, but the medullary cavity was not yet completely covered in either end. The parts were kept in position by a long side-splint, and weights attached to the foot.

Aug. 7—Has had a good deal of sickness, with starting of limb during night. Temp. 100, pulse 112.

Aug. 8—Has had better night, and is more comfortable. Temp. 99·5, pulse 100.

Aug. 10—Wound healthy, not much discharge.

Sept. 2—Progressing favourably; the limbs in good position.

Sept. 4—The thigh moves as a whole; union has commenced.

Sept. 9—Wound is contracting edges healing.

The following cases were admitted from Aug. 23 to Sept. 6, 1873.

ACCIDENT.

4—Fractured Patella
16—Run over—Superficial Wound in Leg
18—Fractured Ribs
22—Right Hand Injured by Circular Saw—Amputation of Thumb and 1st Finger
23—Delirium Tremens
24—Cut-throat
24½-Injury to Head—Thrown from Cart
25—Fractured Tibia and Fibula

CORNELIUS.

3—Injury to Spine
4—Fracture of right Radius and left Radius and Ulna
5—Fractured Humerus
10—Fracture of Tibia and Fibula
12—Fracture of Spine—Dead
16—Fracture of Ossa Nasa—Ethnoid Plate and Base of Skull?
18—Fracture of Fibula and Tibia

LYDIA

1—Chronic Synovitis
2—Bursitis
7—Necrosis of Ulna
6—Hip-joint Disease
8—Stricture of Rectum
8½-Incised Wound of Wrist
10—Bursitis
10½-Stricture of Rectum
16—Concussion
19—Lacerated Wound of Scalp
19½-Fibroid from Parotid
21—Amputation of Arm for Injury
23—Diffuse Suppuration around Elbow-joint
25—Chronic Synovitis

MARTHA.

2—Ulcer on Leg
3—Inflammation of Knee-joint
6½-(Cot) Stomatitis
7—Abscess in Rectum
9—Amputation of Foot
16—Epistaxis
18½-Disease of Hip-joint
19—Tumour on right Shoulder—Operation
20—Carcinoma—Operation

JOB.

5—Necrosed Bone of Femur
17—Ulcer on Lip
18—Cancer of Lip
18½-Cancer of Jaw
21—Stricture

LAZARUS.

6—Synovitis of right Knee
9—Varicose Ulcer
10—Cellular Membranous Sore Leg

NAAMAN,

1—Excision of Elbow-joint
3—Stricture
4—Cleft Palate
5—Excision of Hip-joint
7—Disease of Hip
12—Necrosed Bone in left Leg
15—Stricture
19—Old Excision of Shoulder-joint
20—Dislocated Elbow-joint
21—Rodent Ulcer at lower part of Rectum—Carcinoma?

LUKE.

No new Cases.

DORCAS.

7—Fracture of Femu
8—Melignant Disease of Rectum
12—Fracture of Tibia
13—Contusion of Head and Legs
21—Disease of Knee
25—Fracture of Tibia and Fibula

CHARITY.

6—Diseased Hip
11—Injury to Back—Blood Tumour
20—Disease of Knee-joint
27—Disease of Hip

BARNABAS (Ophthalmic.)

8—Amaurosis
10—Severe Iritis
16—Glaucoma
19—Cataract
20—Cataract both Eyes—Immature both Eyes, most advanced in left Eye
23—Eyeball removed

RUTH (Ophthalmic).

25—Corneo Iritis
31—Corneo Iritis
36—Corneitis
37—Chronic Iritis

THE NOTICE BOARD.

—o—

APPOINTMENTS FOR SEPTEMBER, 1873.

House Physicians—
Mr. Ticehurst and Dr. Galabin.
Junior House Physician—
Mr. R. J. Pye-Smith,
House Surgeon—
Mr. Eastes.
Junior House Surgeon—
Mr. J. L. Morley.
Senior Obstetric Assistant—
Mr. Jacobson.
Junior Obstetric Assistant—
Mr. Power.

J. C. STEELE,
Superintendent.

Guy's Hospital,
September 1, 1873.

Extern Obstetric Assistants—
Mr. J. M. Hobson
Mr. J. B. Bartlett
Mr. Lamb
Mr. D. H. Forty
Mr. E. Snook
Mr. H. C. Strover.

W. H. A. JACOBSON, Senior.
G. E. POWER, Junior.

APOTHECARIES' HALL.

At the above, on the 10th and 11th instants, Mr. A. G. Lacey, of Guy's Hospital, passed his First Professional Examination.

The following was the paper :—

1. Give a description of Voltaic Electricity, and Electro-magnetism.
2. How would you prove the composition of Carbonic Oxide to be Co_2. State the chief properties.
3. How would you test for the acids and cases of Magnesium Carbonate, Potassium Sulphate, Silver Nitrate, and Zinc Chloride.
4. Describe the preparation, composition, and properties of Glyceriue.
5. Natural history, action, uses, and doses of Squill, Digitalis, and Sasparium.
6. How is the strong solution of Perchloride of Iron formed ? Give its uses.
7. Essential characters of Rosaceæ, Convolvulaceæ, and Lilliaceæ. Give the Plants belonging to these orders.

THE THREE PROFESSIONS.

The lawyers are the cleverest men, the ministers are the most learned, and the doctors are the most sensible.

The lawyers are a picked lot, "first scholars" and the like, but their business is as unsympathetic as Jack Ketch's. There is nothing humanizing in their relations with their fellow-creatures. They go for the side that retains them. They defend the man they know to be a rogue, and not very rarely throw suspicion on the man they know to be innocent. Mind you, I am not finding fault with them; every side of a case has a right to the best statement it admits of; but I say it does not tend to make them sympathetic. Suppose in a case of Fever *vs.* Patient, the doctor should side with either party according to whether the old miser or his expectant heir was his employer. Suppose the minister should side with the Lord or the Devil, according to the salary offered and other incidental advantages, where the soul of a sinner was in question. You can see what a piece of work it would make of their sympathies. But the lawyers are quicker witted than either of the other professions, and abler men generally. They are good-natured, or, if they quarrel, their quarrels are above-board. I don't think they are as accomplished as the ministers, but they have a way of cramming with special knowledge for a case which leaves a certain shallow sediment of intelligence in their memories about a good many things. They are apt to talk law in mixed company, and they have a way of looking round when they make a point, as if they were addressing a jury, that is mighty aggravating, as I once had occasion to see when one of 'em, and a pretty famous one, put me on the witness-stand at a dinner-party once.

The ministers come next in point of talent. They are far more curious and widely interested outside of their own calling than either of the other professions. I like to talk with 'em. They are interesting men, full of good feelings, hard workers, always foremost in good deeds, and on the whole the most efficient civilizing class, working downwards

from knowledge to ignorance, that is,—now and then upwards, also,—that we have. The trouble is that so many of 'em work in harness, and it is pretty sure to chafe somewhere. They too often assume principles which would cripple our instincts and reason and give us a crutch of doctrine. I have talked with a great many of 'em of all sorts of belief, and I don't think they have fixed everything in their own minds, or are as dogmatic in their habits of thought as one would think to hear 'em lay down the law in the pulpit, They used to lead the intelligence of their parishes; now they do pretty well if they keep up with it, and they are very apt to lag behind it.

How about the doctors?

—Theirs is the least learned of the professions, in this country at least. They heve not half the general culture of the lawyers, nor a quarter of that of the ministers. I rather think, though, they are more agreeable to the common run of people then the men with black coats or the men with green bags. People can swear before 'em if they want to, and they can't very well before ministers. I don't care whether they want to swear or not, they don't want to be on their good behaviour. Besides, the minister has a little smack of the sexton about him; he comes when people are *in extremis*, but they don't send for him every time they make a slight moral slip.—tell a lie for instance, or smuggle a silk dress through the custom house, but they call in the doctor when a child is cutting a tooth or gets a splinter in its finger. So it doesn't mean much to send for him, only a pleasant chat about the news of the day; for putting the baby to rights doesn't take long. Besides, everybody doesn't like to talk about the next world; people are modest in their desires, and find this world as good as they deserve; but everybody loves to talk physic. Everybody loves to hear of strange cases; people are eager to tell the doctor of the wonderful cures they have heard of; they want to know what is the matter with somebody or other who is said to be suffering from "a complication of diseases," and above all to get a hard name, Greek or Latin, for some complaint which sounds altogether too commonplace in plain English. If you will only call a headache a *Cepha'algia*, it acquires dignity at once, and a patient becomes rather proud of it. So I think doctors are generally welcome in most companies.—*O. W. Holmes, The Poet at the Breakfast Table.*

SAND-CLUBS.—A man was hanged lately at San Francisco, according to the *Philadelphia Medical Reporter*, for murder with a weapon of a peculiarly dangerous, and for a long time mysterious, nature. This is a sand-club, formed by filling an eel-skin with sand. When this instrument was first brought into use, the authorities were greatly puzzled by deaths, apparently from violence, yet no marks could be found on the outside of the body. A burglar was finally captured with a sand-bag in his possession. Being closely questioned, he explained its use. When the victim is struck, for instance, on the head, he drops insensible, and soon dies from congestion of the brain. Often the skull suffers no injury from the stroke; and if the person struck recover sensibility, he gradually relapses into a condition of idiotcy. Sometimes a man struck in the body will be knocked down by the peculiar force of the blow, and feel no immediate results from it. In a few weeks, however, the flesh will begin to mortify under the line of the blow, and rot down to the bone. Heller, the celebrated pianist, is supposed to have met his death in Mexico from a stroke of this diabolical weapon.—*Medical Record.*

NOTICE.

We have received several communications from Subscribers, complaining of their copies not coming regularly to hand. As stated in No. 14, published on Aug. 2nd, the GAZETTE will only appear fortnightly during the vacation, so that it is very possible the intervening dates are those our Correspondents are inquiring about.

Subscribers will greatly oblige by forwarding their OVERDUE subscriptions at once.

Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

Gentlemen who have sent us Subscriptions from the country will kindly consider the receipt of the "Gazette" to be sufficient acknowledgment for the same.

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"Guy's Hospital Gazette,"
Guy's Hospital, S.E.

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Printed and Published for the Proprietors by ORLANDO GIBBS BRIMMER, at 104 Borough High-street, Southwark, Surrey.—Saturday, Sept. 13, 1873

Guy's

Hospital Gazette.

VOL. II.—NO. 18. SATURDAY, SEPTEMBER 27, 1873. 13 Nos. Free by Post, 2s. 6d. TWOPENCE.

On Wednesday next, our long vacation will terminate, and the winter session of 1873-74 commence, the usual Introductory Lecture being delivered in the Anatomical Theatre, by Mr. Hinton. Then will come among us for the first time, a large number of new students, "yearning for the large excitement which the coming years will yield," anxious to enter upon the study of the profession they have chosen, yet somewhat bewildered by the different curricula of the various examining bodies, and the variety of the work before them. In welcoming these to Guy's Hospital, and congratulating them on the school they have chosen, we connot do better than quote from the Introductory Lecture, delivered last October, by Dr. Pye-Smith. He said—"In the first place it is the fashion here to work. We may, perhaps, too much neglect a certain academical finish of scientific and even clinical research, but sound, practical, common-sense industry, has been taught here in precept and example by a long series of illustrious men whose names are household words with us; and we trust that the spirit of Astley Cooper, and Bright, and Addison has not left the wards which bear their honoured names. The other quality with which we are generally credited, and which you are bound to maintain, is, that we always stick together. From whatever cause, there has long been a cordial understanding between the hospital authorities, the staff, and the students, and a remarkable zeal on the part of us all for the honour and glory of Guy's. It is to you who are now entering here that we look to keep up this spirit and transmit it to your successors, unimpaired."

For those who have already matriculated at the University of London—and we hope there are many such among the new students—the necessary course is printed at the end of the Prospectus. While for the benefit of those whose aim does not extend beyond the College and Hall, we again quote the excellent advice of Dr. Pye-Smith—"The great duty, for you first-year's men is to learn your Anatomy well. Believe me, no one ever regretted dissecting too much. Get all the parts you can, and spend all the time upon them that you can. Do not be content with what I have seen many industrious men do—get out a region with admirable patience and skill and then destroy it before stopping to learn anything from it. Remember, your dissection is only a means of learning your anatomy. Go over each stage with the eye and the hand, compare it with the descriptions in your text-books, and above all, form the habit of *drawing* it. However rough diagrams you may make you will find them invaluable, and there are few who will not soon gain dexterity enough to be very useful in their after course. Devote especial attention, in this your first year, to the study of the bones. Get thoroughly familiar with them in every aspect. Look at all your anatomy from various points of view. Make yourselves acquainted with transverse sections and unusual methods of coming upon parts. Especially notice the external form and indications of subjacent organs before you use the scalpel. Supplement this by a careful study of the same parts in the living subject, in yourselves, or in tolerably healthy patients. Become so familiar with the whole body from every point of view, that to your imagination it shall be transparent. The second pillar on which the art of medicine rests is Physiology, or the study of the functions of the organs. This is, of course, far more difficult, though to many minds more interesting, than Anatomy. Learn here to distinguish between facts, which are demonstrable as clearly as those of Anatomy, and the explanation of those facts, which in many cases is only a matter of more or less probability. Pay especial attention to the experiments which will be shown you by the lecturer on this subject, and hold fast the certainty of those well-ascertained laws of

organic life which you will see demonstrated. You will then be always able to distinguish what you know (because you have seen it) from what you read in books."

A new Tourniquet has lately been employed at Guy's Hospital, which for its simplicity and efficiency, bids fair to surpass all others. The object aimed at is to cut off the *whole* blood supply to the limb, by thoroughly compressing all the arteries, and not simply the main trunk. For this purpose a rod of india-rubber, half an inch in thickness, a yard and a half long, and furnished at one end with a hook, at the other with a loop, is passed several times tightly round the limb and fastened. This is found to thoroughly compress all vessels, for althrough in neither case yet in which it has been used has the main artery been divided, there has been no veinous oozing.

In order that the operation may be a perfectly bloodless one—very desirable in bone cases and excisions—the limb prior to the application of the tourniquet is tightly bandaged with an elastic webbing, some dry lint being placed over any sinueses or wounds that may exist. This drives the blood from the limb, and the tourniquet being now applied, the elastic bandage or webbing is removed and the operation proceeded with.

We doubt if with this method, secondary hæmorrhage is not much more likely to occur from temporary closure of small vessels than from the use of other tourniquets when their presence would be noticed and torsion applied, and shall watch its further use with much interest.

IN bringing to a close the second volume of *Guy's Hospital Gazette*, we look on the past with satisfaction, on the future with confidence. During a twelvemonth's career we have quietly held our own., despite the prophecies of those who saw signs of decay in us at our birth, and the criticisms and sneers of others, mainly those who were least willing to help us. We know that our faults have been many, too many, yet our usefulness has been undoubted, and more than counterbalances our shortcomings. Our thanks are due to many whose time and trouble has been spent in our services, and we willingly accord it.

The publication will be continued weekly, and our columns will still be open to correspondence on interesting professional topics, to original articles, and cases.

It will be observed, on perusal of the Guy's advertisement further on in our columns, that a few changes have been made in the disposition of the tutorial staff since last year. The name of Dr. G. Owen Rees has been coupled with that of Sir William Gull as consulting physicians, with Dr. Moxon as physician, and Dr. Frederick Taylor as assistant. The subjects of Materia Medica and Therapeutics—last year under the charge of Dr. Habershon—have been transferred to Dr. Moxon, the former being associated with Dr. Wilks as lecturer on Medicine, and Dr. Pye-Smith will join Dr. Pavy as lecturer on Physiology and General Anatomy. The Pathological lectures will be under the care of Dr. C. Hilton Fagge, and will be assisted by Dr. Goodhart in giving demonstrations on Morbid Anatomy. Chemistry will be under the charge of Drs. Debus and Stevenson, Experimental Philosophy under Mr. Rienold, and Botany Mr. Stokoe.

NOTES OF A VISIT TO THE SURGICAL DEPARTMENT OF THE INTERNATIONAL EXHIBITION.

Having undertaken a visit to the Exhibition for the express purpose of inspecting the Surgical Department, which professes to be the best exponent of all that is good and new in the surgical instruments and appliances of all countries, we were not a little disappointed at the meagre collection we encountered. It may, however, be worth while to notice here what there was that seemed to us worthy of inspection. We shall not enter into any description of antique instruments, several more or less interesting collections of which were exhibited by various Institutions, but shall confine ourselves to the newer instruments which recommended themselves to our appreciation.

There is an ingenious little chloroform Inhaler, by Mr. W. Nourse, which may be worth imitating when having to give chloroform without a proper inhaler; for few who have learnt their chloroforming at Guy's are particularly fond of a handkerchief or napkin for the purpose. This inhaler is made of plain cardboard. A collar-shaped piece, about 9 in. long and 3 in. broad is stitched together with needle and thread, so as to form a cylinder 3 in. deep, and three or four stitches are made across it 1 in. from the end. From the other end a small piece is cut at one spot to make room for the nose, so as to allow this end of the cylinder to fit to the face; and on the cross stitches is placed a piece of sponge on which the chloroform is poured. The hand being placed over the top of the inhaler, the quantity of air admitted may be regulated by opening the fingers more or less widely, almost all the air that the patient breathes coming through the sponge which contains the chloroform. The inhaler which very much resembles the ordinary Guy's inhaler in shape, can be made almost as quickly as this account of it can be read.

Among instruments more particularly noticeable by Guy's men we remarked the very neat and perfect Sphymograph by Mr. F. A. Mahomed, and the very complete Ophthalmoscope by Mr. C. J. Oldham, by means of which eyes may be examined by the direct or by the indirect method by persons of long or short sight, as well as by those of normal sight.

The flexible coil Probes, also, by Mr. F. E. Manby, struck us as being extremely useful for exploring sinuses.

But what most took our fancy—we must not say more, for it is an instrument we have never used except on the dead subject—was a set of Lithotomy instruments by Mr. T. Gutteridge. They were devised, as an explanation informs us, with a special view to safety of manipulation; but they seem to us to promise not only increased safety to the patient, but very greatly increased convenience and ease to the operator. There are many points about the instruments which help to the same end, but the great point lies in the fact that the forceps have double handles, thus enabling the hands to be shifted or both hands to be used with scarcely a possibility of the instrument slipping. The staff is similarly provided with a double handle, enabling the assistant to take it from the operator or *vice versa* without the same portion of the instrument being passed from one hand to the other.

Lastly, we notice another conveniently devised instrument of more general requirement—Messrs. Arnolds' Clinical Thermometer—which is small enough to have all the convenience of a small instrument, but which, by means of its case, can be so elongated as to have some of the advantages of the larger instruments, especially when taking temperatures in the rectum.

EXTRACTS.

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(*From the Medical Record.*)

LARGE PROFESSIONAL FEES.—It is not often that a professional man has the opportunity, or perhaps feels equal to the effort, of returning two fees of a thousand guineas each, in the course of the same year. It is understood, however, that this has occurred with Sir Henry Thompson this year. The first occasion was in connection with the illness of the Emperor Napoleon III., when Sir Henry, in the most delicate and kindly manner, returned half of his fee of two thousand guineas; and the second is an instance yet more highly honourable to professional delicacy. Called to the bedside of a wealthy friend in the Highlands, near whose shooting lodge he was passing his vacation, he spent nine days in unremitting attendance. At the end, a cheque of a thousand guineas was handed to him, but was firmly declined, on the ground that the attendance was given to a friend and during a holiday.

BARBERS, says the *Correio Medico de Lisboa*, are foremost among the natural enemies of the rural surgeon in Portugal. Disputes frequently arise between them, in which the barber not unfrequently comes off victorious. Last month, the resident medical officer in Vimeiro was from this cause obliged to leave his post. In the official letter announcing his resignation, he states that he had left the town "because his existence was menaced, without any provocation on his part." In another instance, the duty of vaccinating the population of Portalegre was placed by the Municipal Council in the hands of three barbers. The public medical officer of the place having complained of this, the municipal authority replied that the proceeding was adopted because he (the medical officer) could not vaccinate, adding, further, some unwarranted aspersions on his professional and moral character. The editor of the *Correio* calls attention to the fact that such conduct towards a legally qualified practitioner is punishable by the penal law, and that the offence in this case is aggravated by the fact that the person injured was in the performance of public function.

THE SHAM DIPLOMA TRADE IN ENGLAND.—A correspondent has favoured us by sending us a letter addressed by a Dr. Van der Vyver, of Jersey, to a person whom he never saw or heard of, in which communication this person, as agent of one of the swindling diploma vendors who were recently de-charterised by the American Legislature, offers to sell to a hypothetical person an M.D. degree of the "American University of Philadelphia," including a handsome diploma and certificate of registration, for £20. This firm of Medical blacklegs consist, according to their business card, of twenty-five persons, who are farmed by a man named Sites to allow their names to be used. They are set forth as teaching every conceivable branch of knowledge, from Church history and Roman law up to mechanical dentistry. It would appear as if such persons do a thriving trade in Great Britain, for they continue to pursue their business with great vigour, although the American market has been closed to them.

THE LATE M. NELATON.—Speaking of a visit to one of the Parish hospitals, a recent writer says: 'As we passed into the hall we heard groans, evidently of a child in great pain. The door leading to the sick ward was ajar, and as we approached we heard the voice of a man talking earnestly with a little sufferer. There was something very affecting in the imploring tones of the child's voice and the tender and sympathising replies of the physician, and it seemed to us no branch of etiquette to witness unseen through the crack of the half-open door the scene that was passing within. On a narrow pallet near the window lay a fine boy, nine or ten years old, dying of cancer developing itself between the eye and behind the nose. It had not shown itself externally, but had destroyed the sight, and was attended by excruciating suffering. By his side sat a stately white haired man holding with one hand the two of the little patient, while with the other he caressingly smoothed his hair. The child told the story of his pain. *Ah, je souffre tant!* to which the old man listened patiently, promising to devise some relief. Then he rose to go, but first bent over the boy, and with tears dropping from his eyes kissed his forehead as lovingly as a mother. The white-haired man was the world-renowned Nelaton; Nelaton, lately summoned to attend the fallen Emperor.'

We are compelled to leave over, till next week, an interesting case of Umbilical Hernia, by Mr. W. H. Spurgin.

MEDICAL WARDS.

—o—

The following cases were admitted from Sept. 7 to Sept. 20, 1873.

PETERSHAM.

5—Epileptic Fits
8—Hysteria
10—Acute Rheumatism
22—Asphagia—Hemiplegia

PHILIP.

1—Cirrhosis of Liver—Morbus Cordis
13—Disease of Urethra?
14—Enteric Fever
16—Phthisis—Dropsy
17—Acute Rheumatism
21—Locomotor Ataxy
26—Epilepsy
27—Epileptic Rheumatism
31—Phthisis
33—Obstruction of Iliac Vein (Enlarged Glands)
37—Phthisis
43—Acute Rheumatism (Syphilis)
48—Rheumatism

STEPHEN

1—Pleuro-pneumonia—Dead
7—Phthisis
9—Ulcerated Sore Throat
15—Hemiplegia
18—Phthisis
23—Paralysis
26—Subacute Rheumatism
29—Ascites
30—Subacute Rheumatism
34—Morbus Cordis—Delirium Tremens
35—Phthisis
37—Morbus Cordis
38—Heart Disease—Dropsy—Death
39—Effects of Sunstroke
40—Acute Rheumatism
43—Rheumatism
44—Rheumatism
46—Paralysis
49—Bronchitis—Dropsy
50—Albuminuria

MARY.

1—Icterus
3—Jaundice
5—Paraplegia
17—Deafness—Inherited Syphilis
26—Jaundice
28—Malignant Disease of Cervix Uteri
30—Vesico-vaginal Fistula—Operation
32—Flooding after Abortion?
36—Ruptured Perinæum—Operation
42—Cervic Elongated, Thickened Epithelioma?
43—Labial Growths
43—Abortion
47—Malignant of Cervix
48—Ruptured Perinæum—Operation
49—Post-partum Cellulitis

ADDISON.

10—Phthisis
20—Suppuratioon in Ear and Mastoid Cells—Abscess in Neck
24—Chorea
31—Chronic Nephritis—Bronchitis
38—Mennorhagia Hysteria
40—Morbus Cordis

JOHN (Clinical).

3—Paraplegia
8—Pleuro-pneumonia
16—Choreic Movements of Hands

MIRIAM (Clinical).

19—Excess of Adipose Tissue
28—Chorea and Rheumatism
30—Hæmatemesis
31—Boil in Ear

SURGICAL WARDS.

—o—

The following are notes of a case of

DISEASE OF LEFT KNEE-JOINT—DISPLACEMENT—EXCISION.

E. H., æt. 4, was admitted into Hospital under Mr. Cooper Forster's care on September 9th, 1872. She was suffering from traumatic disease of the left knee-joint of eighteen months' standing, the joint, on admission, being capable of only limited motion, hotter than the right, and having a sinus opening outwards on the inner side. During a stay of five months in the Hospital various treatments were used, and with good results. An abscess was opened on outer side of joint, which allowed the escape of quantities of pus; the leg was extended by weights, side and back splints and elevation from time to time, and ice and water-dressing were applied. On March 10th, 1873, she was discharged much improved. However, on June 23rd she was again admitted with the same trouble, suffering, in addition, from rather a smart attack of ophthalmia. There are three sinuses about the knee-joint. The condyles of the femur seem rather prominent, the patella cannot be clearly made out, the leg is bent at right angle and cannot be flexed or extended. Measurements—round left knee-joint 10½ in., round the right 8 in.

Sept. 15.—During the last two months her eyelids have discharged freely, but are now much improved under treatment, consisting of Atropine Drops, Astringent Lotion and Nitrate of Mercury Ointment. The sinuses have also discharged freely, no active treatment for her leg, which pains her much at night, has been resorted to, it being still bent at a right angle.

Sept. 16.—Excision of knee-joint. Chloroform having been given and the new circular tourniquet applied (described in another column), Mr. Howse made a semilunar incision across the knee below the patella and penetrating into the joint, the tourniquet compressed both arteries and veins so thoroughly that the operation was almost bloodless.

The patella was removed and thin slices sawn from the articular surfaces of the tibia and femur, which were found to be eroded and excavated, and covered with a gelatinous material. The limb was straightened, the surfaces adjusted, and sutures applied. Antiseptic dressing was used, and the leg placed on a back splint, allowing the child free movement from its hip when in bed. There was some slight oozing from the dressing when the tourniquet was removed. Carbolic spray was used during the whole operation.

Sept. 23.—Patient is doing well up to present time, has had no constitutional disturbance; her eyes are better, and she only complains of pain during the dressing of the wound which is still antiseptic.

The following cases were admitted from Sept. 7 to Sept. 20, 1873.

ACCIDENT.

3—Fractured Tibia and Fibula
9—Fractured Arm and Severe Wounds from Chaff Machine
13—Fall of 60 feet
17—Injury to Head and Ribs
18—Fractured Ribs
19—Fractured Base
21—Fractured Tibia and Fibula
22—Amputation of Fingers
24—Injury to Head from Blows of a Mallet
27—Crushed between Two Waggons
28—Fractured Tibia and Fibula
32—Fractured Femur

CORNELIUS.

1—Fractured Tibia
2—Fractured Tibia and Fibula
3—Fractured Base
5—Dislocation of Clavicle
8—Concussion of Spine
9—Fractured Ilium
12—Bruising after Fall
13—Fractured Patella
14—Fractured Tibia and Fibula
15—Cut through Lip—Severe Hæmorrhage
19—Fractured Tibia and Fibula
20—Injury to Head

MARTHA.

4—Stricture of Rectum
8—Abscess beneath Palmar Fascia

LYDIA

2—Catarrh
2½—Rickets
3—Old Cicatrix
5—Spinal Disease and Paraplegia
14—Chronic Synovitis of Knee-joint
20—Scald
22—Necrosis of Stump

NAAMAN.

4—Ulcer on Leg

CHARITY.

7—Stone Case
17—Ulcer on Leg

LAZARUS.

5—Popliteal Aneurism
8—Eczema
10—Abscess of Right Forearm
14—Femoral Hernia (Right)
17—Contused Ribs
22—Abscess on Foot

LUKE.

3—Necrosis of Femur (Old Stump)
7—Laceration of Hand
9—Laceration of Hand
10—Transverse Fracture of Tibia and Fibula
11—Epithelioma of Tongue
12—Hœmorrhoids
14—Fracture of Fibula and lower end of Tibia
15—Hip-joint Disease
19—Articular Ostitis

JOB.

1—Phimosis
2—Fractured Patella
3—Hœmorrhoids
4—Ulcer on Leg
5—Stricture of Urethra
6—Ulcer—Synovitis
8—Cut Artery
12—Necrosis of Palate—Syphilis
18—Corn on Sole of Foot, Suppuration
20—Epithelioma of Penis
24—Synovitis

DORCAS.

2—Eczema of both Hands

BARNABAS (Ophthalmic.)

5—Contracted Orbit
14—Cataract
22—Cataract
23—Epithelioma

RUTH (Ophthalmic).

27—Granular Lids
38—Cataract
43—Cataract
44—Cataract

GENERAL NEWS.

—o—

On Monday last Mr. John Cunliffe-Pickersgill, aged 58, merchant, residing near Caterham, was brought into Hospital suffering from compound comminuted fracture of both legs below the knees. It appears that while crossing the line near Caterham the Brighton express, whose appearance he had not noticed, struck him on one leg and threw him down on the other, thus fracturing both. On his admission a consultation was held, and on Tuesday Mr. Davies-Colley removed the left leg at the knee-joint, with antero-posterior flanks, the right being placed in splints. It is still very doubtful whether this

leg also will not have to be amputated. We are happy to say, however, that at present he is doing as well as can be expected, considering the double shock of accident and operation.

APOTHECARIES' HALL.

The following Questions formed part of the Pass Examination on Wednesday last, the 24th inst.:—

Medicine.

1. Describe the Symptoms and Pathology of Peritonitis; different varieties and treatment of each.

2. Describe a Fit of Laryngismus Stridulus, and state the difference between it and Acute Laryngitis, and treatment of each.

3. Give the symptoms, complications, and treatment of Acute Rheumatism.

4. Give the premonitory symptoms of Small-pox, Measles, and Scarlatina; and describe the varieties of Scarlatina.

Pathology.

Describe the different varieties of Kidney found after death.

Therapeutics.

Give the Therapeutical doses and uses of the Chlorides of Mercury.

Midwifery.

1. Give the treatment of Funis, Foot, and Hand Presentations.

2. Give the causes of lingering Labour, and treatment of each.

3. Case. Enlargement of Abdomen. Woman thinks she is Pregnant. How would you proceed to discover it, and what cases simulate Pregnancy?

Forensic Medicine.

1. Give the symptoms and treatment of Acute and Chronic Lead Poisoning.

2. Give proofs of Live Birth.

3. Give the symptoms of Oxalic Acid Poisoning; P.M. appearances treatment, and tests.

4. Distinguish between stupor of Opium, Alcohol, and Apoplexy.

On Thursday last, the 25th inst., Messrs. Albert Churchward and John Rendall, of Guy's Hospital, having passed the necessary examinations, were admitted as Licentiates of the Society.

M. NELATON, the eminent surgeon of Paris, died on Sunday morning, after a long illness from heart-disease. He was born on June 17, 1807, and was consequently sixty-six years of age. In 1836, he took the degree of Doctor of Medicine of the Faculty of Paris. After this he became hospital surgeon, and than *agregē*, and in 1851 was appointed Professor of Clinical Surgery. In 1867, he resigned this post on account of impaired health, retaining the title of honorary professor. In 1848 he was decorated with the order of the Legion of Honour, and was promoted to be an officer in the same order in 1856, commander in 1863, and grand officer in 1867. He was appointed surgeon to the Emperor Napoleon in 1865, and in 1868 was raised to the dignity of a senator. M. Nelaton had a high reputation both as a professor and as a practitioner, and will be particularly remembered in connection with the celebrated case of Garibaldi. He was the author of several valuable works on surgical subjects.

MARRIED.—On the 17th inst., at St. Saviour's, Southwark, by the Rev. S. Benson, M.A., chaplain, assisted by the Rev. D. K. Moullin, M.A., Rector of Holy Trinity Church, Newington, Frederick George Larkin, M.R.C.S. Eng., of 44, Trinity-square, and Union-street, to Jane Maria (Jennie), second daughter of the late William Wood, Esq., Surgeon of 38, Trinity-square, and Union-street.

AN ASTUTE DIAGNOSIS OF AN IRISH CORONER'S JURY.—The *Wexford People* supplies us with a laughable narrative of a coroner's 'quest in that county, its deliberations and ultimate decision. The inquest was on the body of a child, æt. two years and four months. It appears the child and another of four years and a half, went out on the road to play. The elder one returned in immediately and said that the sow was eating Jemmy, whereupon a girl went out and saw the child lying on the road and the sow standing over him. She brought him in. A messenger was sent for the local doctor, who was met on the road by a person telling him that all was over. On the assembly of the coroner and jury, the doctor made a post-mortem examination of the body, found no internal injury caused by the sow which would be sufficient to cause death; under the left lung he found four white spots such as the lid of a pipe would make if laid on tender flesh while hot, but he said such was not sufficient to cause death. The jury found that death was caused by aceleration of capillary bronchitis brought on by fright.—*Medical Press.*

NOTICE.

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Gentlemen at the Hospital who have not yet paid their Subscriptions from May to September, are reminded that these Subscriptions are now over due, and will greatly oblige us by paying the same as soon as possible to one of the Editors, to the Porter, or at the Office of the Paper. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions, and are legally responsible for the payment of the same. The Subscription from May to the end of September is 3s. 6d.

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GUY'S HOSPITAL.—The Medical Session commences in October.

The Introductory Address will be given by JAMES HINTON, Esq., on Wednesday, the 1st of October, at 2 o'clock.

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Physicians—S. O. Habershon, M.D.; S. Wilks, M.D., F.R.S.; F. W. Pavy, M.D., F.R.S.; W. Moxon, M.D.
Assistant-Physicians—C. Hilton Fagge, M.D.; P. H. Pye-Smith, M.D.; Frederick Taylor, M.D.
Consulting Surgeons—J. Hilton, Esq., F.R.S.; E. Cock, Esq.
Surgeons—J. Birkett, Esq.; J. Cooper Forster, Esq.; Thomas Bryant, Esq; Arthur E. Durham, Esq.
Assistant-Surgeons—H. G. Howse, M.S.; N. Davies-Colley, M.C.
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Obstetric Physician—J. Braxton Hicks, M.D. F.R.S.
Assistant Obstetric Physician—J. J. Phillips, M.D.
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Clinical Medicine—Dr. Habershon, Dr. Wilks, Dr. Pavy, and Dr. Moxon.
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Clinical Surgery—Mr. Birkett, Mr. Forster, Mr. Bryant, and Mr. Durham.
Anatomy (Descriptive and Surgical)—Mr. Durham and Mr. Howse.
Physiology and General Anatomy—Dr. Pavy and Dr. Pye-Smith.
Clinical Lectures on Midwifery and Diseases of Women—Dr. Braxton Hicks
Chemistry—Dr. Debus and Dr. Stevenson.
Experimental Philosophy—Mr. Reinold.
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DEMONSTRATIONS.

Anatomy—Mr. Davies-Colley; Mr. Rendle and Mr. Clement Lucas, Demonstrators.
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Guy's Hospital, July, 1873.

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